

# Open Enrollment

Health Insurance Open Enrollment Materials  
for Retirees **not eligible** for Medicare

Plan Year 2016



Open Enrollment Ends October 26, 2015

Important contribution information for Hazardous Duty  
Benefits on page 27

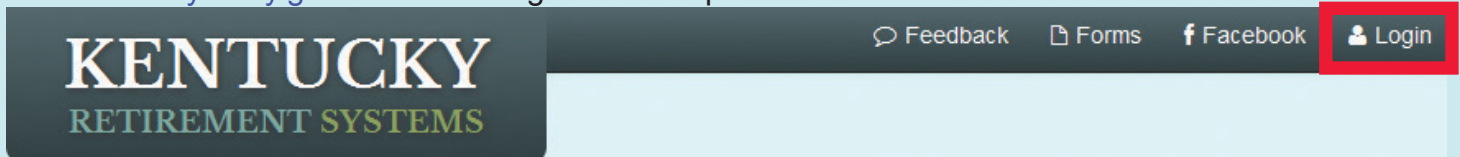
If you are Medicare Eligible and returned to work see page 6



# How do I enroll for insurance on the KRS Website?

## Step 1

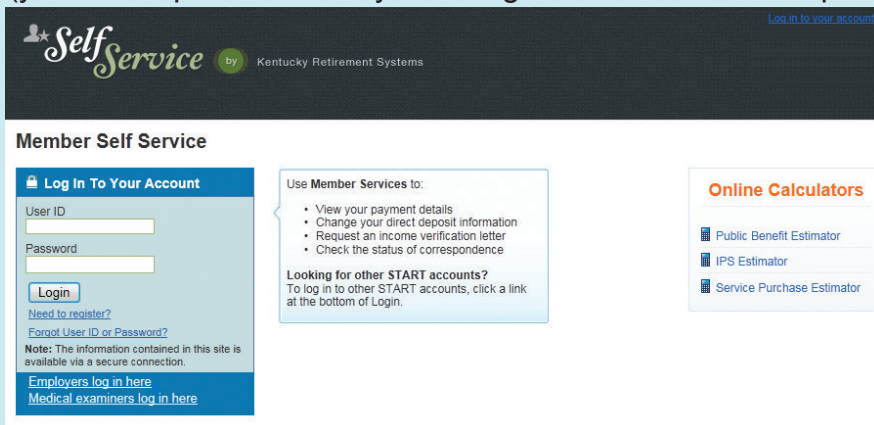
Go to [www.kyret.ky.gov](http://www.kyret.ky.gov) and click “Login” at the top of the screen.



## Step 2

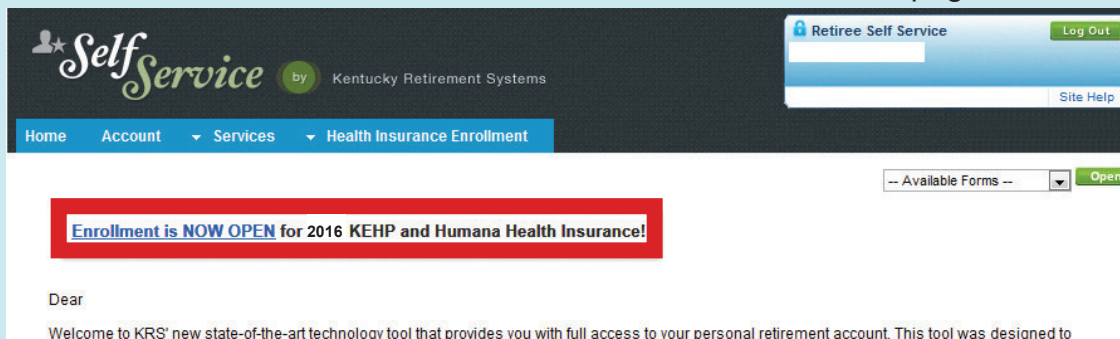
Login in to Member Self Service

(you are required to have your 4 Digit PIN number to complete your online enrollment)



## Step 3

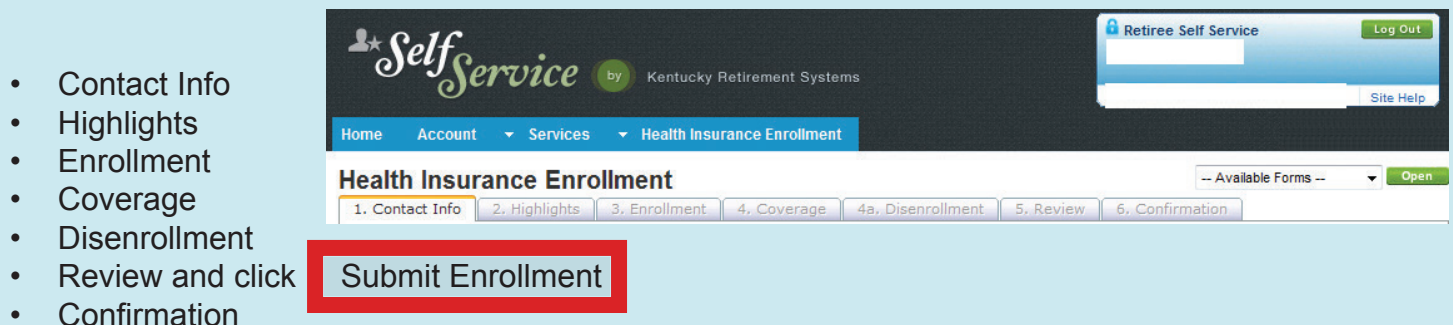
When you reach the Welcome Page click on the hyperlink in the red box “Enrollment is NOW OPEN” or the “Health Insurance Enrollment” link near the bottom of the page.



## Steps 4-10

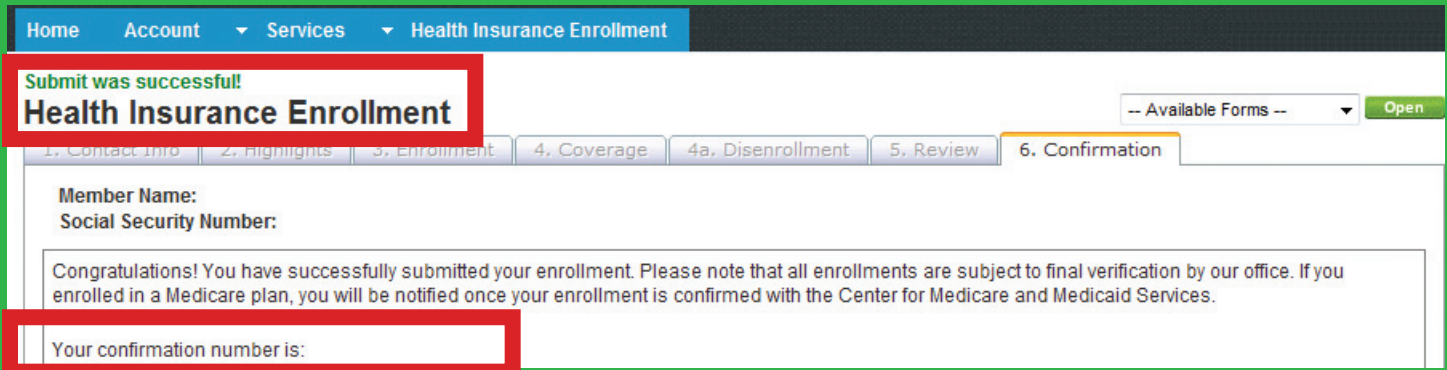
Follow the tabs on the “Health Insurance Enrollment Page”

You will go through several pages before you reach the confirmation page.



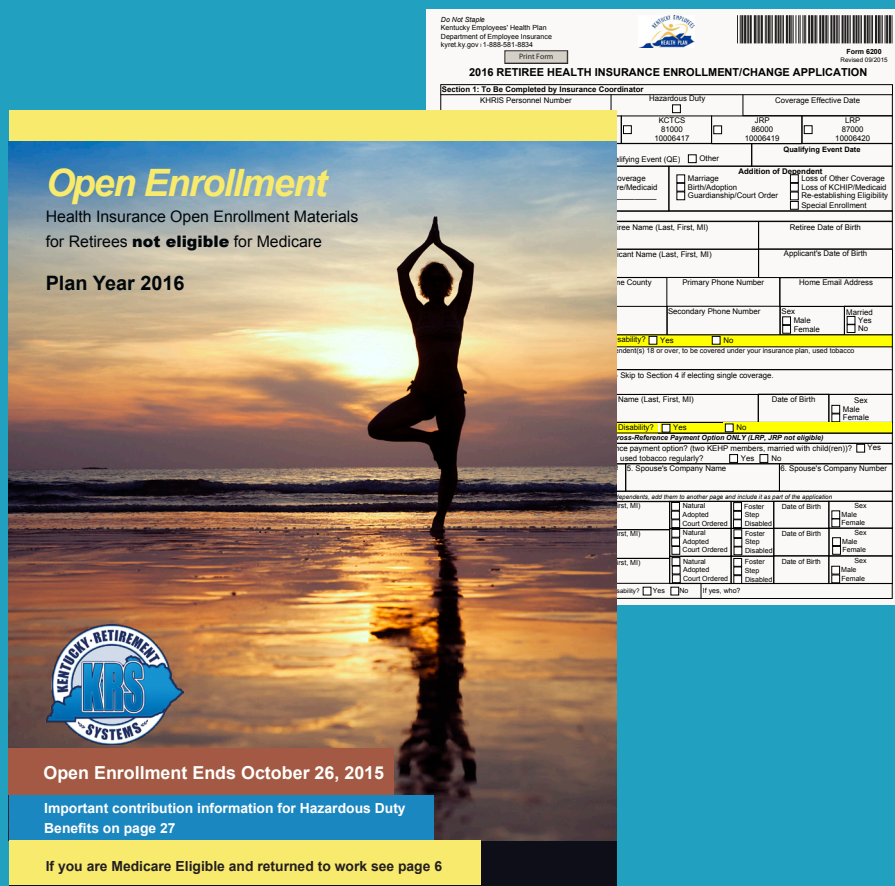
# Confirmation Screen: Submit was successful!

Once you reach the confirmation page, you will receive a message that states  
**“Submit was Successful”**



The screenshot shows the '6. Confirmation' step of the enrollment process. A red box highlights the message 'Submit was successful! Health Insurance Enrollment'. Below this, a navigation bar shows steps 1 through 6, with step 6 being the active one. The form fields for 'Member Name:' and 'Social Security Number:' are visible. A congratulatory message states: 'Congratulations! You have successfully submitted your enrollment. Please note that all enrollments are subject to final verification by our office. If you enrolled in a Medicare plan, you will be notified once your enrollment is confirmed with the Center for Medicare and Medicaid Services.' A red box highlights the field 'Your confirmation number is:'.

**When you see “Submit was Successful” you are now registered and you now have a confirmation number.**  
**Please retain your confirmation number for your records.**



The image displays two documents. On the left is the 'Open Enrollment' materials cover for Plan Year 2016, featuring a silhouette of a person in a yoga pose against a sunset. Text on the cover includes 'Open Enrollment', 'Health Insurance Open Enrollment Materials for Retirees **not eligible** for Medicare', 'Plan Year 2016', and 'Open Enrollment Ends October 26, 2015'. On the right is the '2016 RETIREE HEALTH INSURANCE ENROLLMENT/CHANGE APPLICATION' form. The form includes sections for 'Section 1: To Be Completed by Insurance Coordinator', 'Section 2: To Be Completed by Retiree', and 'Section 3: To Be Completed by Retiree'. It contains various checkboxes for enrollment options, dependent information, and contact details. A logo for 'KENTUCKY RETIREMENT SYSTEMS' is visible in the bottom left corner of the cover.

**Would you like  
to do a paper  
application?**

There is a paper application located in the back of this Open Enrollment Book OR download and print your insurance application from our website. [www.kyret.ky.gov](http://www.kyret.ky.gov)

# What You Need to Know for 2016

Welcome to the 2016 plan year Open Enrollment. Please read below to determine if you need to complete an application for the 2016 plan year.

## Enrollment options

Answer the questions below to determine whether or not you need to take action for this Open Enrollment.

### You do have to enroll if you want to:

- \*Change your health insurance plan option, level, or health insurance dependents
- \*If you are currently enrolled in a health insurance plan in 2015 and would like to waive your coverage for 2016
- \*If you did not fulfill your LivingWell Promise for 2015: You must enroll and select either the Standard PPO or Standard CDHP. If you do not, you will be automatically defaulted to the Standard CDHP plan option at the level of coverage you were enrolled in Plan Year 2015.

### **Cross Reference:**

- \*If two retirees selected a LivingWell plan utilizing the cross reference option for 2015 and both retirees fulfilled their LivingWell Promise in 2015, they will be enrolled automatically in the same plan at the same level for 2016.
- \*If two retirees selected a LivingWell plan utilizing the cross reference option for 2015 and one of the retirees did not fulfill their LivingWell Promise in 2015, the retiree who did fulfill the LivingWell Promise will be defaulted into a Parent Plus plan with the same LivingWell plan the person was enrolled for 2015. The retiree who did not fulfill the LivingWell Promise will be defaulted into the Standard CDHP plan at the single level for 2016.
- \*If two retirees selected a LivingWell plan utilizing the cross reference option for 2015 and neither retiree fulfilled their LivingWell Promise in 2015, they will be defaulted into the Standard CDHP family cross reference plan for 2016.
- \*If two retirees selected a Standard PPO or Standard CDHP plan utilizing the cross reference payment option for 2015 and do not submit an application during the open enrollment period, they will be defaulted into the same plan and level for 2016.

### You do not have to enroll if you:

- \*Want to keep your current health insurance plan option, level, and no change in health insurance dependents
- \*If you currently waive health insurance coverage and want to continue to waive health insurance coverage
- \*Are a KRS, KTRS, or Legislative/Judicial return-to-work retiree, under age 65 and want to keep your current health insurance plan with your active agency





# What You Need to Know for 2016

## New health and wellness benefits

As a health plan member you have access to many innovative health and wellness benefits that can help you save money on medical expenses. Below are a few details on some of your newest benefits:

\*\*In 2015, KEHP became one of the first state employee health plans in the country to offer qualifying members **free enrollment in the national Diabetes Prevention Program (DPP)**. See if you qualify and learn more on page 11.

\*\*For diabetic health plan members, the KEHP is providing a new Diabetes Value Benefit, which aims to reduce out-of-pocket costs for covered diabetic medications and supplies. The benefit begins in January 2016 for eligible members, see page 37.

\*\*You can now **see a doctor online for free with LiveHealth Online**. Talk face-to-face with a doctor 24-hours a day, seven days a week — from a computer, tablet, or mobile device from nearly anywhere in the U.S. Check out page 20 for all the details.

\*\*When life gets busy, it can be hard to find the time to take care of yourself. To help manage your health, reduce stress, and bring balance to your life, Anthem is offering you **myStrength™**. Log on to your secure site at **anthem.com** to access myStrength.



**View your wellness benefits at [LivingWell.ky.gov](http://LivingWell.ky.gov)  
and your health plan benefits at [kehpn.ky.gov](http://kehpn.ky.gov).**



# What You Need to Know for 2016

## Open Enrollment Period

The Open Enrollment Period for Plan Year 2016 will begin October 1, 2015, and end October 26, 2015. The Open Enrollment Period only applies to you if you want to change your health insurance plan for 2016 or you did not fulfill your LivingWell Promise for 2015. \*\*If you did not complete your LivingWell promise for 2015, you are only eligible to select the Standard PPO or the Standard CDHP plan for 2016.

## Employment After Retirement

If you are Medicare eligible and return to work, KRS will not be allowed to offer you coverage due to the MSP (Medicare Secondary Payer) requirement. You must take your health insurance coverage through your employer. Please call KRS if you have questions. You should also contact Medicare if you have questions.

If your active employment makes you eligible for insurance coverage and you are not Medicare eligible, you must decide if you wish to carry your coverage through KRS or your employer. If you want to move your coverage from KRS and carry insurance through your employer, you need to submit an application to KRS indicating you will waive coverage and submit an application to your employer by October 26, 2016, or during your employers open enrollment period.

If you are a retiree that has an initial participation date with KRS on or after September 1, 2008 and are reemployed after retirement in a regular full-time position, you will not be eligible for health insurance with KRS. You are required to take coverage through your employer.

## Are you or your dependents enrolled in Medicare?

The Open Enrollment Period for Medicare Eligible recipients and their Medicare eligible dependents begins October 23, 2015, and ends November 25, 2015. If you or a

dependent are Medicare Eligible and have coverage in the KEHP through KRS, or have no coverage through KRS, notify the retirement office immediately and we will send you a Medicare Eligible Open Enrollment packet for Plan Year 2016. You may also access this information online at [kyret.ky.gov](http://kyret.ky.gov).

**Don't Wait:** *Once you have completed an application, return it to the retirement office as soon as possible. This will allow staff time to return the application for correction if the application is incomplete. Please keep a copy of any application you submit to KRS for your records.*

## Do not send your completed application anywhere except to KRS for processing:

If you send your application somewhere other than to KRS, you may fail to receive the requested change to your coverage or you could lose eligibility by not meeting the required deadline.





# What You Need to Know for 2016

## Cost of Insurance

### Hazardous Duty Retirees with Health Insurance Dependents

***You must provide documentation of your dependents eligibility, such as your marriage certificate for your spouse or a birth certificate for your children.***

If your dependent child is between the ages of 18 and 22, You will also need to complete Form 6256 Designation Of Spouse and/or Dependent Child for Health Insurance Certification of Dependent Eligibility (page 49).

**Note:** if you fail to notify KRS of changes in your dependent's eligibility, you will be required to repay any insurance benefits paid on behalf of the ineligible person. See page 27.

**Note:** You may continue to cover Hazardous Duty Dependents between the ages of 22-26 as they are eligible for coverage. A Birth certificate or other supporting documentation will be required.

**Please see pages 27-29 for contribution information.**

## Bank Draft Authorization

If you are currently paying for Kentucky Retirement Systems health insurance from a monthly invoice you receive in the mail, KRS now requires a bank draft authorization. If your portion of health insurance premiums is in excess of your net monthly retirement payment, that "direct payment" for health insurance must be paid by electronic transfer. A Form 6131, Bank Draft Authorization for Direct Pay Accounts is required along with a cancelled check or other bank verification. See page 51 If an active Form 6131 is not in your file, you must submit one to our office during open enrollment to prevent any disruption of your health insurance coverage.

## Participation date prior to July 1, 2003

In order to determine your cost for coverage in 2016, please refer to the guides on pages 25-29 enclosed in this notice.

Retirees with non-hazardous service credit only and beneficiaries of non-hazardous retirees should refer to page 26. Retirees with only hazardous duty service credit should refer to pages 27-29. Retirees with both non-hazardous and hazardous duty service should also refer to pages 27-29.

**Please see page 27 for Hazardous Retiree Dependent Information Changes.**

## Participation date on or after July 1, 2003

In order to determine your cost for coverage in 2016, please refer to the guides on pages 30-32 enclosed in this notice.

Retirees or Beneficiaries of retirees with hazardous duty service credit may contact the retirement office for assistance.

Specific account information, including what contribution amount KRS may pay, can only be discussed by telephone if the caller has a Personal Identification Number (PIN) with KRS and can provide it to the representative.

**Please see page 27 for Hazardous Retiree Dependent Information Changes.**

# What You Need to Know for 2016

**NOTICE:** Non-Hazardous Retirees who elect the Standard PPO, Standard CDHP, or Living Well CDHP with a coverage level of Parent Plus, Couple, Family or Family Cross Reference-The Maximum Contribution allowed for the Standard PPO is \$677.74, the Maximum Contribution allowed for the Standard CDHP is \$663.68, and the Maximum Contribution allowed for the LivingWell CDHP is \$702.10.

Retirees and beneficiaries may also contact the retirement office for assistance in determining insurance costs.

*Specific account information, including what contribution amount, if any, KRS may pay, can only be discussed by telephone if the caller has established a Personal Identification Number (PIN) with the retirement office.*

## How do I enroll on the web?

During the Open Enrollment period, you may access our web enrollment at <https://myretirement.ky.gov>. Once you login to our self-service site, look for the view health insurance enrollment history link on the left toolbar. This page displays your current health insurance coverage through KRS and gives you the option to submit your KEHP enrollment online. If you are cross-referencing with an active employee, you must complete a paper application. If you complete web enrollment, please DO NOT complete a paper application.

## Are you or your dependents enrolled in Medicare?

If you or your dependents are enrolled in Medicare and not employed full-time, you or your Medicare eligible dependent may not be eligible for the KEHP plans and must enroll in a KRS Medicare eligible health plan for 2016. Refer to page 6 for details on Medicare and KEHP eligibility. Please contact our office for further information regarding enrollment in a Medicare eligible plan through KRS.

## What are Tobacco User Fees?

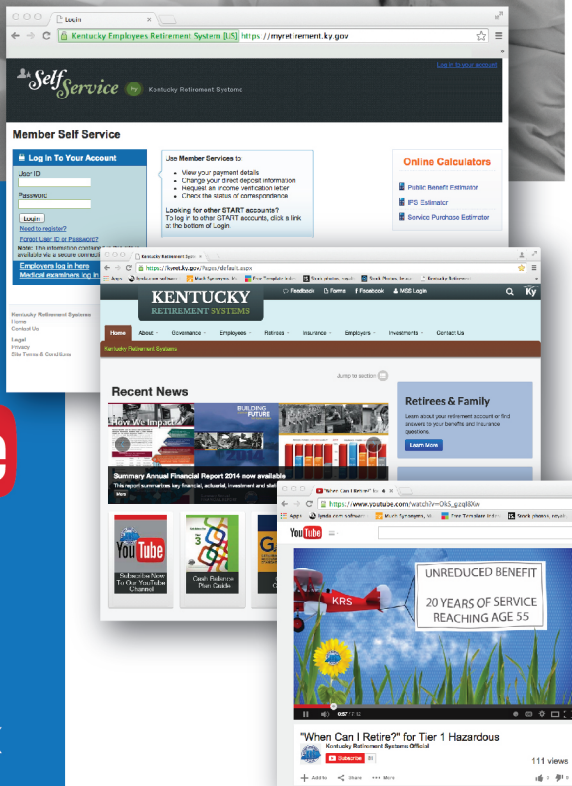
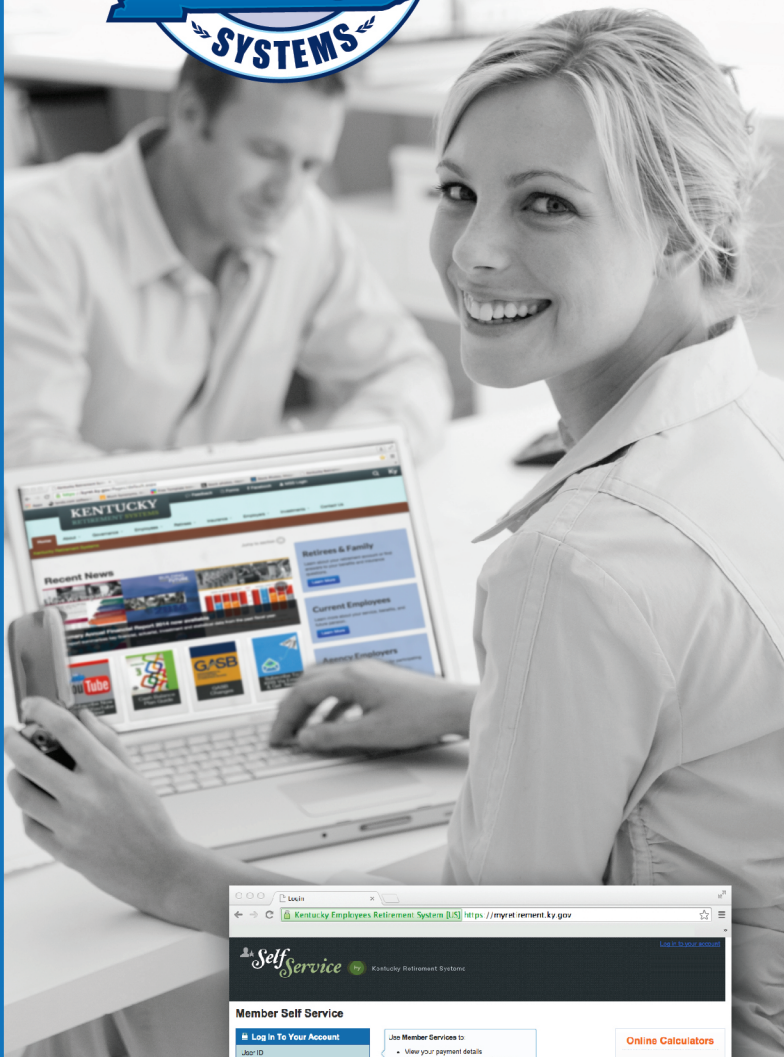
The Commonwealth of Kentucky is committed to fostering and promoting wellness and health in the workforce. You are eligible for the non-tobacco user premium contribution rates provided you certify that you and any other person to be covered under your plan has not regularly used tobacco within the past six months.

- “Regularly” means tobacco has been used four or more times per week on average excluding religious or ceremonial use.

- “Tobacco” means all tobacco products including, but not limited to, cigarettes, pipes, chewing tobacco, snuff, dip, and any other tobacco products regardless of the frequency or method of use.

- “Dependent” means, for the purpose of the Tobacco Use Declaration, only those dependents who are 18 years of age or older. If you have regularly used tobacco within the past six months, you are subject to the monthly fee as discussed below. For those with single coverage, the fee is \$40.00 per month. For those with any dependent coverage (Parent Plus, Couple, Family), even if only one person uses tobacco, the fee is \$80.00. You should add either \$40.00 or \$80.00 to the premium amounts for your level of coverage.





# YOUR RESOURCES

## Our Website

<https://kyret.ky.gov>

- Links to Member Education Videos
- Member Forms and directions
- News & Updates
- Publications (*Recent and Archive*)
- Contacting Us

## Self Service

[MyRetirement.ky.gov](https://MyRetirement.ky.gov)

- Update your personal information
- Calculate your benefits
- Get your retirement information

## Member Education

Videos located at [youtube.com/user/KentuckyRetire](https://youtube.com/user/KentuckyRetire)

### • Video Library

How-to Videos

*How to Retire*

*How to fill out form 6000*

*How to Calculate Your Benefit*

*...and more!*

### • Webinars

*(interact and ask questions)*

### • Town Hall

*(the latest information and what it means to you)*

### • On-location Outreach

## Member Communications

[www.Facebook.com/kyretirement](https://www.facebook.com/kyretirement)

Twitter - @KYretire

- Up-to-date information as it happens
- New releases of videos & publications
- Instant notification of Webinars

## Retirement Counselors

### • Call Center

Monday - Friday 8:00am - 4:30pm  
1-502-696-8800 or 1-800-928-4646

### • On-site Counselors

Perimeter Park West  
1260 Louisville Road  
Frankfort, KY 40601

### • Email

[krs.mail@kyret.ky.gov](mailto:krs.mail@kyret.ky.gov)

*General Questions only (unsecure)*

# Putting your health first

## We'll help you do it

Your health matters. Ready to take care of #1? Start by using all the exciting benefits, tools and resources that come with a Kentucky Employees' Health Plan (KEHP) from Anthem Blue Cross and Blue Shield.

Our plans offer simple, useful, smart ways to get the care you need, when you need it. And we keep a close eye on costs to help you get the most value for your money.

### That's why we:

- Work closely with members, like you — in ways that range from online groups to personal health consulting — to help you get the personalized care you need and deserve.
- Offer health plans that work in today's world with programs and tools to help you improve your health and help you stay healthy in the long run.

### You've got choices

Some of our programs to help you focus on you include:

- **Behavioral health:** Helps with mental health issues like depression.
- **Case management:** Offers special services and programs for members with certain high-risk health problems.
- **Chronic care:** Helps you take care of ongoing health problems such as diabetes, asthma, allergies and high blood pressure.
- **Future Moms:** Call a registered nurse for answers to your pregnancy questions, and help you have a safe delivery and healthy child.
- **LiveHealth Online:** Connects you to a board-certified doctor through your computer or mobile device for help with nonemergency health issues right away.
- **Mobile app:** Makes it easier than ever for you to find a doctor, get a virtual ID card and view your claims.
- **Neonatal intensive care unit (NICU):** Helps meet the complex needs of certain newborn babies and their mothers.
- **24/7 NurseLine:** Offers access to qualified registered nurses who can answer your health questions any time — day or night.
- **Diabetes Prevention Program:** Helps lower your risk for diabetes through prevention classes for 16 weeks with a trained lifestyle instructor.

### We're here to help

We'll show you how to make the most of your coverage and take charge of your health. For more information, call Customer Service at the number on the back of your member ID card or visit [anthem.com/kehps](http://anthem.com/kehps).





# Diabetes Prevention Program (DPP) and Success Stories

## Diabetes Prevention Program

Are you at risk for developing diabetes? Most people who are close to having diabetes — a condition called prediabetes — aren't aware of it. If you're not sure what your risk is, check out the list below.

- You're 45 years old or older
- You're overweight
- You have a family history of Type 2 diabetes
- You're physically active fewer than three times per week
- You've had diabetes while pregnant (gestational diabetes) or given birth to a baby weighing nine or more pounds

KEHP offers eligible members the opportunity to attend a program near you to lower your risks for Type 2 Diabetes. Participating in an approved DPP is free and can improve your health through stress reduction, weight loss and increased physical activity with the support of a certified lifestyle instructor. Members receive individual and group support while improving their health and reducing their risk.

This proven and successful 16-week course will meet once per week for an hour. After 16 sessions, participants will receive at least six monthly follow-up sessions to help them stay motivated and maintain their healthy lifestyle. KEHP members who enroll in and attend a DPP will receive 350 HumanaVitality points. Let your lifestyle coach know you are a participating HumanaVitality member and they will take care of the process.

To find out if you are at risk

- You can go to the Centers for Disease Control and Prevention diabetes risk test at [www.cdc.gov](http://www.cdc.gov). There are only seven questions and no name or identifiable health plan information is required. Results are anonymous and confidential.
- Or call Anthem's Personal Health Consultants at 1-844-402-KEHP (5347).

## DPP participants completed a 16-week program to help lower their risk for diabetes. Here is what they had to say:

"This program has given me more knowledge about eating healthy in hopes of preventing diabetes. The meetings have helped me be more accountable on my food tracking and exercise. Our coach has been very helpful, knowledgeable and supportive during our classes."

"I have a history of diabetes in my family and have seen what a negative effect it can have on life. Being a part of a group is one of the benefits. I have found it is helpful to have others share the struggles they face too. The information our lifestyle coach shares has equipped me with the knowledge base to not only prevent diabetes but also a multitude of other health issues! Our lifestyle coach is always there to encourage.....and support when life happens. I am excited about the future..."

"I would encourage anyone that is at risk to enroll in the program....and it cost you nothing but your time!"



## How fast can you earn up to \$500?

How about 5 minutes?

### STEP 1:

Create a secure account

### STEP 2:

Shop online or by phone

### STEP 3:

Earn cash rewards

# vitals

smartshopper™

With the fully mobile Vitals SmartShopper™, you can shop common medical services from anywhere, including your doctor's office. When you choose a cost-effective location, you earn a cash reward!

Recent program enhancements include quality information and a helpful out-of-pocket cost calculator tool.

It only takes a minute to create a new account:

1. Visit [www.vitalssmartshopper.com](http://www.vitalssmartshopper.com) and click on the "First Time Users" tab.
2. In the Card I.D. # prompt, enter your Anthem I.D. number exactly as it appears on your insurance card.
3. Follow the prompts to fill in the remaining requested information and click "Log in."

Congratulations! Your new account is created. Now you're ready to shop health care services and start earning cash rewards. Or register by phone at **1-855-869-2133**.

Procedure	Your Reward
Colonoscopy	up to \$150
CT Scans	up to \$150
Ear, Nose & Throat	up to \$150
Gall Bladder Removal	up to \$250
Hip Replacement Surgery	up to \$500
Knee Surgery	up to \$250
Mammograms	up to \$25
MRIs	up to \$150
PET Scans	up to \$150
Ultrasounds (non-maternity)	up to \$50

This is a partial list of procedures covered. For a complete list, visit [www.vitalssmartshopper.com](http://www.vitalssmartshopper.com). Dollar amounts vary depending on medical service and location.





## Pharmacy, Phone, Online and at the Tap of an App — we've got you covered in 2016!

### **CVS/caremark is proud to manage the Kentucky Employees' Health Plan Prescription Drug Program.**

CVS/caremark can help you manage your medicine and find ways to save time and money — when, where and how you want it!

Enjoy 24/7 access to support and services. We'll help you understand the when and how-to of taking your medicine, fills and refills, and all the ways you can save. We also offer CVS Caremark Specialty Pharmacy for plan members who need specialty medicine for treating complex health conditions.

### **Welcome!**

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#### **Retail Pharmacy Network**

- » Choose from a network of more than 68,000 retail pharmacies nationwide
- » Your new prescription benefits do not require that you use only CVS/pharmacy locations; you may use any retail pharmacy within the CVS/caremark nationwide network
- » Pick up 90-day supplies of your maintenance medicines at select retail network pharmacies for the same lower cost as mail service

#### **Register at Caremark.com**

- » Compare your drug costs and generic drugs for savings
- » Set up mail service for 90-day supplies of your maintenance medicines
- » Find the Plan's most current Preferred Drug List

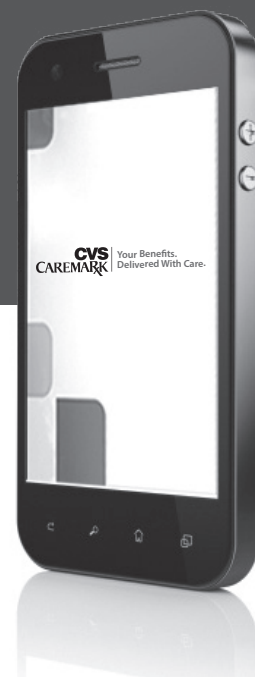
#### **Call Us Anytime Toll-free at 1-866-601-6934**

- » Talk to a CVS/caremark pharmacist or Customer Care representative anytime, 24/7
- » Set up mail service for 90-day supplies

#### **Download Our Free Mobile App**



- » Refill by simply scanning the barcode on your Rx label with your smartphone
- » Find a pharmacy, review orders, check costs



## Silver Vitality Status



While you can choose any qualified activity, we've provided some of the most popular activities to help you get to Silver Vitality Status.

### Individual

Activity During Year	Vitality Points Earned
Health Assessment (HA)	500
Bonus – HA completed within the first 90 days	250
First Step HA*	500
Vitality Check* completion	2,000
Vitality Check in-range results	
BMI (body mass index)	800
Blood pressure	400
Blood glucose level	400
Cholesterol level	400
<b>Silver Vitality Points level (5,000 Vitality Points)</b>	<b>5,250</b>

\*500-point limit for First Step HA over the life of membership



### Family

(Illustration below is for two adults and one child. Assumes both adults complete where indicated with x2.)

Activity During Year	Vitality Points Earned
Health Assessment (x2)	1,000
Bonus – HA completed within the first 90 days (x2)	500
First Step HA* (x2)	1,000
Vitality Check completion (x1)	2,000
Vitality Check in-range results (x1)	
BMI (body mass index)	800
Blood pressure	400
Blood glucose level	400
Cholesterol level	400
Complete 5K run/walk	250
Two workouts per week for 12 weeks (15 points x 24)	360
Bonus – 15 points for first workout points of week	180
Kids Health Assessment	200
Kids preventive care visit	200
Kids flu shot	100
Kids sports league	100
CPR certification	125
<b>Silver Vitality Points level (8,000 Vitality Points)</b>	<b>8,015</b>



#### Watch and Learn

Watch our YouTube video to learn some quick ways to move from Bronze Vitality Status to Silver Vitality Status. Earn a 10 percent discount in the HumanaVitality Mall. Go to <http://bit.ly/howtogettosilver>.



#### Tour the Mobile App

Quick, convenient and personalized just for you. Go to [humana.com/individual-and-family-support/tools/mobile/humanavitality](http://humana.com/individual-and-family-support/tools/mobile/humanavitality)

Humana Vitality

LivingWell.ky.gov



HumanaVitality.com



## 2016 LivingWell Promise

More than 133,000 KEHP planholders, or 97% of members who elected a LivingWell plan in 2015, completed their LivingWell Promise and learned more about their health status. To continue our focus on wellness and healthy lifestyles, the LivingWell Promise for 2016 will continue to include the option to complete the HumanaVitality Health Assessment (HA) **or** a Vitality Check (biometric screening).

**If you choose a LivingWell plan option and complete the steps of the LivingWell Promise you can:**

- ✓ Access the best benefit plan options
- ✓ Learn about your health status and history
- ✓ Understand your health risks
- ✓ Take action to get and stay healthy



### YES

If you elect or continue a LivingWell plan option in 2016, **you must complete one of the following from January 1, 2016 through May 1, 2016:**

- Take the HumanaVitality HA  
**or**
- Complete a Vitality Check (biometric screening)

By saying **YES**, you are eligible to select one of two LivingWell plan options for the 2016 plan year\*:

**LivingWell CDHP**

**LivingWell PPO**

If you have a cross-reference payment option, you and your spouse both must complete the HA or the Vitality Check.

### NO

If you say **NO** to the LivingWell Promise, you, the planholder, are not required to comply with the terms of the LivingWell promise.

By saying **NO**, you are only eligible for a Standard plan option for the 2016 plan year:

**Standard CDHP**

**Standard PPO**

If you elect a Standard plan option in 2016, you are only eligible to change your election during the next enrollment period or if you experience a qualifying event.

If you elect or continue a LivingWell plan option for 2016 and do not complete the LivingWell Promise, you will only be eligible for the Standard plan options in 2017. If you are unable to fulfill the LivingWell Promise because of a physical or mental health condition, KEHP will work with you to develop an alternative way to qualify for either LivingWell plan options.

\* **NOTE:** If you did not complete your 2015 LivingWell Promise you are **ONLY** eligible for the Standard CDHP and Standard PPO for 2016. If you do not elect a plan for 2016, you will be defaulted to the Standard CDHP Plan.

# Completing the 2016 *LivingWell* Promise

## Complete a Health Assessment

More than 97% of KEHP planholders completed their LivingWell Promise in 2015, by taking the Health Assessment (HA) or receiving a Vitality Check (biometric screening). It's that easy! The HA is a series of questions about your current physical and mental well-being, your day-to-day lifestyle, and how you feel about your current health levels. It takes about 10-15 minutes and will tell you your Vitality Age.

Only the planholder must complete the LivingWell Promise; however, if you have a cross-reference payment option, you and your spouse must both complete the LivingWell Promise.

A Health Assessment increases your awareness of your health status. The results do not affect your health insurance coverage or premiums.

KEHP takes your personal health information seriously and has measures in place to protect this information. All responses to your HA are strictly confidential and protected under HIPAA. KEHP will not collect, or access, or retain your personal health information, nor will KEHP share your personal health information with your employer. Only HumanaVitality will have access to and be able to view your HA responses. *KEHP may receive aggregate information from HumanaVitality that does not identify any individual in order to design and offer health programs aimed at improving the health of KEHP members.*

Follow the instructions to the right to complete the HA from **Jan. 1, 2016 through May 1, 2016.**



## Take the HumanaVitality Health Assessment

Visit [livingwell.ky.gov](http://livingwell.ky.gov) and click on the HumanaVitality login.

### First-time users

Click on "RegisterNow" and complete the required fields. You will be issued a HumanaVitality ID card and you will enter the number found on your HumanaVitality ID Card or enter your social security number. Check the box agreeing to the terms, and click "Continue." Verify the member found is you. Create a username and password. After completing the registration process, return to HumanaVitality to sign in using the username and password you just created.

### Returning users

Sign in using your username and password.

After you sign in, click on the alert to "Take the Health Assessment" or look for the "Health Assessment" link under the "Get Healthy" tab. If you know your medical history and key measurements, have them ready to help you complete your HA. If you don't have your key measurements, don't worry, you'll still be able to complete the HA. If you had a Vitality Check (biometric screening) within the last 18 months, you will see those results have pre-populated into your HA. The results cannot be updated until a new Vitality Check is submitted. To find a Vitality Check location near you, visit [livingwell.ky.gov](http://livingwell.ky.gov).

Receive your Vitality Age based on your HA responses. HumanaVitality will then recommend goals. If you choose, you may select goals and discover activities that will allow you to commit to a healthier lifestyle, improve your Vitality Age, and earn VitalityPoints™ and rewards along the way.



# Completing the 2016 *LivingWell* Promise



## Complete a Vitality Check

A Vitality Check is a biometric screening that consists of: lab work to test your cholesterol and blood glucose; a blood pressure check; height, weight and waist circumference to learn your Body Mass Index (BMI). For more accurate results, fast for at least nine hours prior to the test.

HumanaVitality® rewards you up to 4,000 Vitality Bucks for receiving a Vitality Check. You receive 2,000 Bucks just for completing your Vitality Check and an additional 2,000 Bucks for being in healthy ranges, and Vitality Points for taking each test (cholesterol, blood glucose, blood pressure). You'll earn more Vitality Points for completing a Vitality Check than you will by taking just a Health Assessment. If you choose, you may take both and earn more points! A Vitality Check will give you more accurate results to use when populating your Health Assessment. And in turn, you will have a more accurate Vitality Age.

*The Vitality Check increases your awareness of your health status. The results do not affect your health insurance coverage or premiums.*

There are four options available to you to complete your biometric screening. Remember to take your HumanaVitality ID card and appropriate printed voucher/paperwork with you to your biometric screening appointment.

<p>1. At a KEHP scheduled, select, onsite location — to be announced at a later date. (onsite work locations)</p> <ul style="list-style-type: none"> <li>Go to <b>livingwell.ky.gov</b></li> <li>Click on the Get a Vitality Check box</li> <li>Use the map in the Vitality Check locator to find a location near you.</li> </ul>	<p>No cost to you</p> <p>The Vitality Check location will submit your results to HumanaVitality.</p>
<p>2. Through your local health department</p> <ul style="list-style-type: none"> <li>Go to <b>livingwell.ky.gov</b> to find a location</li> <li>Present your HumanaVitality ID card at the health department</li> </ul>	<p>No cost to you</p> <p>The health department locations will submit your results to HumanaVitality.</p>
<p>3. At a retail clinic (e.g. Krogers' Little Clinics, Walgreens' Take Care Clinics, Concentra)</p> <ul style="list-style-type: none"> <li>Go to <b>livingwell.ky.gov</b></li> <li>Click on the Get a Vitality Check box</li> <li>Choose from the locations listed</li> <li>Print the associated Vitality Check voucher</li> <li>Present the voucher and your HumanaVitality ID card at the retail clinic</li> </ul>	<p>No cost to you</p> <p>The retail clinic location will submit your results to HumanaVitality.</p>
<p>4. At your Primary Care Physician (PCP)</p> <ul style="list-style-type: none"> <li>Go to <b>livingwell.ky.gov</b></li> <li>Click on the Get a Vitality Check box</li> <li>Click on the "primary care physician" tab</li> <li>Print a copy of the "PCP Vitality Check Voucher" located at <b>livingwell.ky.gov</b></li> <li>Fax the completed form to HumanaVitality at 1-877-250-7814 or mail to P.O. Box 14613, Lexington KY 40512-4613</li> </ul>	<p>Preventive Services are at no cost to you if you use an in-network provider; however, there may be a charge if your provider submits the claim other than preventive services.</p>

### Notes:

- Only the planholder must complete the LivingWell Promise. If you have a cross-reference payment option, you and your spouse must both complete the LivingWell Promise.
- Maintain a copy of the paperwork you receive from your Vitality Check as your proof of fulfilling the LivingWell Promise.
- Fasting is strongly recommended but not required. Please fast 9-12 hours before your screening (nothing to eat or drink besides water). Some exceptions for fasting: people who have been diagnosed with diabetes mellitus, hypoglycemia, women who are pregnant and people taking prescription medicines that must be taken with food.



**Michael McKinney, Changes Lifestyle with HumanaVitality**  
*West Liberty Corrections Fiscal Manager*



In January I was introduced to the HumanaVitality Program. I began to explore the website and reviewed the material to become more familiar with it. At first my goal was to earn points in order to buy items through the HumanaVitality Mall. However, without realizing it, I became motivated again. I purchased a fitness tracking device, started tracking my calorie intake, and began getting at least seven hours of sleep per night as the material suggested. I began setting goals from the program and incorporated them into my daily life. To my surprise, I was dropping weight and living a much healthier lifestyle by implementing the changes I learned from the program. As of July 2015, I have lost a total of 120 pounds and I am currently at a weight of 300. I feel better than I have in 15 years, and I'm much happier with the healthier lifestyle that I have adopted. I still have not reached my desired weight loss goal, but I'm certain with the help of HumanaVitality I'll get there very soon.

**Raymond "Jackie" Cole,**  
*Environmental Health Director for the Pike County Health Department*



March 13, 2013, I woke up and decided that I was not going to let myself go like I had before 2005. My wife had a recumbent bike and that morning I got up and started my road to improving my health. That morning, I did five miles on the bike; and that evening I did five more miles. By the end of April, I had over 400 miles on that bike. In May, I started walking in addition to riding the bike. My wife had started running a little and in May completed her first 5K-I had NO desire to run EVER!!!! It was about this time that I began hearing about HumanaVitality. My co-workers said with all the walking I was doing, and the running my wife was doing, we should participate. I signed us up.

Today I have personally been a part of 1,804 Vitality Checks. Being a Platinum Status member, I know the benefits HumanaVitality offers. My family has purchased pedometers, Under Armor apparel, over \$700 in Amazon cards, a free iPad Air, and a few other items with our Vitality Bucks.

I have run 16 5Ks, three 10Ks, six half marathons, and exceeded my goal of running 1,000 miles in one year (I ended the year with 1,175). Currently, I am registered for two half marathons, countless smaller runs, and I am ahead of pace to complete my goal of 1,200 miles in 2015. I am a much healthier individual, as is my family, and we give HumanaVitality a lot of credit for pushing us to make sure we are "getting our points."

In my county I will help anyone that wants to get healthier, but in the end they must want it for themselves. HumanaVitality and I are doing our part to make Pike County the healthiest county in Kentucky.

**Laura Foley,**  
*Dept. for Public Health*



I have a beautiful nephew, Gus, who is only three years old. I want to be around as he grows up, marries, and starts a family of his own. My family has a history of diabetes and heart disease—if I want to be there for him, I need to take steps (literally) to improve my health. The HumanaVitality 15-Day Dash is a wonderful opportunity to establish a habit that can continue well beyond the event. I am fortunate to be surrounded by co-workers who are joining me in this effort and offer kind support and encouragement on a daily basis. I keep reminding myself that the past is over and the future never arrives—it is this moment, the present, in which I can make a healthier choice. Life is filled with painful challenges and moments of great joy—if I just keep putting one foot in front of the other, I can be there for it all. Perhaps, even, to cry at Gus' wedding.

# Getting to Know Your Health Plan

## Who is Anthem Blue Cross and Blue Shield?

We are Kentuckians, and it has been our privilege to serve the Bluegrass State for more than 75 years. We understand the importance of keeping our communities healthy, because we're part of every community across our great Commonwealth — from Paducah to Pikeville.

KEHP is your self-insured health plan — meaning the KEHP determines your benefit plan designs. Anthem, as your third-party administrator, will offer the largest network of providers, excellent service and technology, and significant opportunities to help hold down costs. Visit [anthem.com/KEHP](http://anthem.com/KEHP) to learn more.

## How does my plan work?

1. You pay your deductible. This is a set amount that you pay before your plan starts paying for covered services. If your plan has co-pays (flat fees like \$25 for each visit) along with a deductible, you only need to pay the co-pay for most doctor visits.
2. After you meet your deductible, you and KEHP share the cost of covered services. You pay a co-pay or co-insurance (a percentage of the cost) each time you get care. Your KEHP plan covers the rest.
3. You're protected by your plan's out-of-pocket limit. The out-of-pocket limit is the most you pay for covered health services each year.
  - What about the money for health insurance that gets deducted from your paycheck? That's your premium or contribution. Think of it like a membership fee. It's separate from what you pay when you get care.



## Are there any other health programs besides my Anthem health plan?

Yes, check out these health programs KEHP is providing in addition to your health insurance benefits.

- **Behavioral Health** — Coping with both mental health and medical conditions can be confusing and frustrating. Licensed health professionals will work closely with you to make a plan for reaching your goals and overcoming barriers.
- **Case Management** — If you're coming home after surgery or a hospital stay, or even if you have a serious health condition, a Personal Health Consultant can help. There's no need to do anything. One of our nurses will call you and go over your doctor's instructions about follow-up care and medicines and even give personal lifestyle coaching.
- **Chronic Care** — If you or someone you love has a chronic health condition, Anthem's Personal Health Consultants can help. They help people of all ages manage the symptoms of asthma and diabetes. And they work closely with adults who are dealing with chronic obstructive pulmonary disease (COPD), heart failure and coronary artery disease (CAD).
- **Future Moms** — Moms-to-be get personalized support and guidance from registered nurses to help them have a healthy pregnancy, a safe delivery and a healthy baby.
- **LiveHealth Online** — With LiveHealth Online, you can see a doctor anytime, anywhere. Just visit [livehealthonline.com](http://livehealthonline.com), or download the mobile app. You'll get convenient, real-time access to board-certified doctors who can help you when you're sick.
- **MyHealth Advantage** — Avoid health problems, stay healthy and save money. This program tracks your health information to see if there's anything you can do to improve your health. If so, you'll get a personalized and confidential MyHealth Note in the mail.
- **MyStrength** — This online tool offers videos, articles and other resources to help improve your overall health and bring balance to your life.
- **24/7 NurseLine** — Our registered nurses can answer your health questions wherever you are — any time, day or night.

## The **sooner** you see a doctor the **better** you can feel

LiveHealth Online lets you see a doctor from your home or workplace in just minutes

**Talk to a doctor today, tonight, anytime —  
at no extra cost, from your computer or  
mobile device**

Under the weather? Have a health question? With LiveHealth Online, you don't have to drive to a doctor's office for an appointment. You can have a no-cost, two-way video chat with a board-certified doctor right where you are, as long as you have Web access and a computer (with a camera), a tablet or a mobile device. The doctor will answer your questions, diagnose health problems and even prescribe basic medicines when needed.\*

#### **With LiveHealth Online, you get:**

- Instant doctor visits through live, two-way video chat.
- Help at no extra cost for KEHP members.
- Your choice of experienced, board-certified doctors.
- Private, secure and convenient online visits.

#### **In just minutes, you're talking to a doctor**

As always, you should call 911 with any emergency. Otherwise, use LiveHealth Online whenever you have a health concern and don't want to wait. You can chat with a doctor 24 hours a day, seven days a week, 365 days a year when you or a family member have:

- Cold and flu symptoms such as a cough, fever and headaches
- Family health questions
- Allergies
- Sinus infections
- Rashes
- Pinkeye
- Ear pain and more!



### Sign up for free today!

Go to [livehealthonline.com](http://livehealthonline.com) or access the LiveHealth Online mobile app at [apple.com](http://apple.com) or [play.google.com/store](http://play.google.com/store).

#### **Start a conversation now**

Sign up for free at [livehealthonline.com](http://livehealthonline.com) or on the app, and you'r



**LiveHealth**  
ONLINE

\*Prescription availability is defined by physician judgment and state regulations. LiveHealth Online is available in most states and is expected to grow more in the near future. Please visit the map at [livehealthonline.com](http://livehealthonline.com) for more details. LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of Anthem Blue Cross and Blue Shield. Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Kentucky, Inc. Independent licensee of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.



## LivingWell CDHP

- The LivingWell Consumer Driven Health Plan (CDHP) puts you, the consumer, in more control of managing your health expenses.
- If you choose this plan, you must complete the LivingWell Promise.
- You receive a KEHP-funded Health Reimbursement Arrangement (HRA) to use toward your deductible and maximum out-of-pocket.
- If you currently have the LivingWell CDHP or the Standard CDHP, and choose this plan, any remaining HRA balance will carry over to this plan.
- This plan has the lowest annual out-of-pocket maximum and co-insurance percentage.
- Medical and pharmacy expenses apply to the maximum out-of-pocket.

### HRA helps reduce your costs

The HRA can be used to reduce your deductible by 40%. You will receive a WageWorks® Healthcare Card pre-loaded with \$500 for single coverage or \$1,000 for couple, parent-plus or family coverage level. Just swipe the WageWorks® Healthcare Card at any in-network provider's office or pharmacy and the eligible expense amount will be reduced from your card balance. Most of the time, your card swipes are automatically processed; however, you may have to submit expense receipts for documentation if the card swipe cannot be automatically verified.

### HRA funds

If your annual expenses are below \$500 for single coverage or below \$1,000 for all other coverage levels, you won't have to spend any money out of your own pocket. Also, any funds in your HRA remaining at the end of 2016 will carry over to your new HRA for 2017, if you select a CDHP. Once you use all your HRA funds, you will pay for any additional expenses up to your deductible. After the deductible is met, co-insurance begins. This plan has the best co-insurance — you pay only 15%, and the health plan pays 85% of all eligible expenses.



## LivingWell PPO

- The LivingWell Preferred Provider Organization (PPO) is a traditional health plan.
- If you choose this plan, you must complete the LivingWell Promise.
- This plan is a good choice if you prefer having a larger premium in exchange for a fixed co-pay for certain services.
- This plan includes a flat co-pay amount for prescription coverage.
- The out-of-pocket amount for the LivingWell PPO is the same as with the LivingWell CDHP. However, with the PPO plan there is no HRA provided to help you reduce your costs.
- Separate medical and prescription out-of-pocket maximums. Co-pays apply to the out-of-pocket maximums.

The LivingWell CDHP and the LivingWell PPO both contain the LivingWell Promise. The chart below is for illustrative purposes only. See how your costs compare under both plans if you have single coverage:

Non-Smoker with Single Coverage	LivingWell CDHP	LivingWell PPO
<i>Employer HRA contribution</i>	\$500	\$0
<i>Your healthcare expenses for the year</i>	\$7,000	\$7,000
<i>Use your KEHP-funded HRA to pay</i>	-\$500	\$0
<i>Your remaining balance</i>	\$6,500	\$7,000
<i>You pay \$150 emergency room co-pay</i>	\$0	-\$150
<i>Your remaining balance</i>	\$6,500	\$6,850
<i>You pay remaining deductible amount</i>	-\$750	-\$500
<i>Your remaining balance</i>	\$5,750	\$6,350
<i>Plan pays 85% or 80%</i>	-\$4,887.50 (85%)	-\$5,080 (80%)
<i>You pay the other 15% or 20%</i>	\$862.50 (15%)	\$1,270 (20%)
<i>Your costs for treatment</i>	\$1,612.50 (deductible + co-insurance)	\$1,920 (co-pay + deductible + co-insurance)
<i>Your total annual premium</i>	\$0.00	\$0.00
<b><i>Your total annual costs</i></b>	<b>\$1,612.50</b> (deductible + co-insurance + premium)	<b>\$1,920.00</b> (deductible + co-pay + co-insurance + premium)

\*Assumes 20 years of service and participation date prior to July 1, 2013

# Standard PPO

## Standard PPO Plan Option

- The Standard Preferred Provider Organization (PPO) is a traditional health plan offering lower premiums and higher out-of-pocket costs.
- This plan does not require the LivingWell Promise.
- This plan reimburses most covered expenses at 70%.
- Under this plan, you pay 30% of the total in-network prescription cost within a minimum and maximum range.
- Emergency room co-pays are \$150, plus the deductible and co-insurance.
- Regardless of the pharmacy tier, the amount you pay is capped at a maximum amount.
- Separate medical and prescription out-of-pocket maximums. Co-pays apply to the out-of-pocket maximums.





# Standard CDHP

## Standard CDHP Plan Option

- The Standard Consumer Driven Health Plan (CDHP) puts you, the consumer, in more control of managing your health expenses.
- You receive a KEHP-funded Health Reimbursement Arrangement (HRA) to use toward your deductible and maximum out-of-pocket.
- This plan does not require the LivingWell Promise.
- This plan offers the lowest premiums in exchange for higher deductibles.
- **Any member who fails to elect or waive coverage by Oct. 26, 2015, is automatically enrolled in this plan with single coverage.**

**TIP:** You can also use a Healthcare FSA to increase your personal tax savings and help cover your deductible expenses. The Healthcare FSA amount you choose to contribute will be added to the HRA amount (\$250/\$500) and pre-loaded to the WageWorks Healthcare Card.

### HRA helps reduce your costs

The HRA can be used to reduce your deductible. You will receive a WageWorks® Healthcare Card pre-loaded with \$250 for single coverage or \$500 for couple, parent-plus or family coverage level. Just swipe the WageWorks® Healthcare Card at any in-network provider's office or pharmacy and the eligible expense amount will be reduced from your card balance. Nearly 80% of all WageWorks® Healthcare Card swipes are automatically processed; however, you may have to submit expense documentation or substantiation.

### HRA funds

If your annual expenses are below \$250 for single coverage or below \$500 for all other coverage levels, you won't have to spend any money out of your own pocket. Also, any funds in your HRA remaining at the end of 2016 will carry over to your new HRA for 2017, if you select a CDHP. Once you use all your HRA funds, you will pay for any additional expenses up to your deductible. After the deductible is met, co-insurance begins.

The Standard CDHP and the Standard PPO do not contain the LivingWell Promise. The chart below is for illustrative purposes only. See how your costs compare under both plans if you have single coverage.

Non-Smoker with Single Coverage	Standard PPO	Standard CDHP
Employer HRA contribution	\$0	\$250
Your healthcare expenses for the year	\$7,000	\$7,000
Use your KEHP-funded HRA to pay	\$0	-\$250
Your remaining balance	\$7,000	\$6,750
You pay \$150 emergency room co-pay	-\$150	\$0
Your remaining balance	\$6,850	\$6,750
You pay remaining deductible amount	-\$750	-\$1,500
Your remaining balance	\$6,100	\$5,250
Plan pays 70%	-\$4,270	-\$3,675
You pay the other 30%	-\$1,830	-\$1,575
Your costs for treatment	\$2,730 (co-pay + deductible + co-insurance)	\$3,075 (deductible + co-insurance)
Your total annual premium	<b>\$0.00</b>	<b>\$0.00</b>
<b>Your total annual costs</b>	<b>\$2730.00</b> (deductible + co-pay + co-insurance + premium)	<b>\$3075.00</b> (deductible + co-insurance + premium)

\*Assumes 20 years service and participation date prior to July 1, 2003.

## Premium Calculation for Retirees eligible to receive Health Insurance Percentage Contribution

**Use the guide on pages 25-29 if you are receiving benefits, were Hired and began Participating with KRS before July 1, 2003.**

*Non-Hazardous Duty Calculations begin on page 26.*

*Hazardous Duty Calculations begin on page 27.*

**Use the guide on pages 27 and 30-32 if you are receiving benefits, were Hired July 1, 2003 or later, and began Participating with KRS between August 1, 2004 and August 31, 2008.\* Or began Participating with KRS on or after September 1, 2008.\*\***

**If you are receiving a monthly retirement benefit, that qualifies you to receive a Health Insurance Percentage contribution and also receiving a monthly retirement benefit that qualifies you to receive a Health Insurance Dollar contribution, please contact the Retirement office for help calculating your cost.**



**Need help?  
1-800-928-4646  
Kentucky Retirement Systems  
Call Center**

Premium calculation for percentage contribution based on service credit for **Non-Hazardous** retirees or beneficiaries who began participation prior to 7/1/2003 only retiree or beneficiary eligible for Percentage Contribution.



## 1. Select Plan Select one. Determine your monthly premium (will begin January 1, 2016).

Plan Option	Single	Parent Plus	Couple	Family	Family X-Ref*
LivingWell CDHP	\$702.10	\$967.18	\$1,302.74	\$1,453.94	\$810.00
LivingWell PPO	\$721.14	\$1,023.04	\$1,564.20	\$1,738.40	\$865.64
Standard PPO	\$677.74	\$963.36	\$1,474.84	\$1,640.84	\$814.72
Standard CDHP	\$663.68	\$930.34	\$1,429.26	\$1,591.52	\$792.90

Box 1

\* Retiree Portion. If you need assistance calculating your family cross-reference premium, contact KRS. You must contact your spouse's insurance coordinator of information on spouses portion of the premium.



## 2. Service Credit Subtract the following, based upon your months of service.

Applicant's Service Credit	Contribution <sup>1</sup>
240 months or more	LIVINGWELL CDHP \$702.10 LIVINGWELL PPO \$721.14 STANDARD PPO \$677.74 STANDARD CDHP \$663.68
180 - 239 months	540.86
120 - 179 months	360.57
48 - 119 months	180.29
0 - 47 months	\$0.00

Box 2

Your Subtotal



## 3. Tobacco Status Select one, based upon the past six months. If you are a tobacco user, you will be required to pay the amount in Box 3.

Applicant's Tobacco Status	Value
Non-tobacco user	\$0.00
Retiree or Beneficiary who uses tobacco and selects Single coverage	\$40.00
Retiree or Beneficiary who uses tobacco, selects Parent Plus, Couple or Family coverage	\$80.00

Box 3

Your Total

## 4. Monthly Premium

**Box 1 - Box 2 = Subtotal      Subtotal + Box 3 = Total**

<sup>1</sup> KRS does not pay a contribution for coverage on behalf of a beneficiary receiving a monthly retirement benefit. Beneficiaries obtaining coverage should enter "\$0.00" in Box 2. Exception: If you are a spouse beneficiary or a dependent child receiving a monthly benefit under the Fred Capps Memorial Act, contact KRS.



## Dependent Eligibility & Verification for Health Insurance For Hazardous Duty Retirees with Health Insurance Dependents

**Children Eligible for Coverage and Premium Contributions:** For Plan Year 2016, the spouse and each dependent child of retired hazardous members of KERS, CERS, and SPRS, as well as some disabled members, may be eligible to receive an insurance contribution based upon the retired member's service. Pursuant to KRS 16.505(17), "Dependent child" means a child in the womb and a natural or legally adopted child of the member who has neither attained age eighteen (18) nor married or who is an unmarried full-time student who has not attained age twenty-two (22). (See 105 KAR 1:410). Retired members with children who do not meet this definition may be able to cover their children under the KEHP plan, but will not receive a contribution amount toward the coverage of those children.

**Establishing Eligibility:** To establish your child's eligibility for the hazardous contribution toward health insurance for 2016, you must certify the child's eligibility on a completed Form 6256, Designation of Spouse and/or Dependent Child for Health Insurance. This certification form must be completed annually to receive the contribution. If you submit the required certification and your child is an eligible "dependent child" pursuant to KRS 16.505(17), the contribution will be made for the applicable plan year. Additionally, you must certify that you will immediately provide KRS written notification when your child no longer qualifies. You will be required to reimburse KRS for premiums paid if you make a false or incorrect certification that a child meets the eligibility requirements or if you fail to immediately notify KRS when a child no longer meets the eligibility requirements.

**Children Eligible for Coverage:** Pursuant to the Affordable Care Act, children are eligible to remain covered by the parent or guardian's health insurance until the first day of the month following their 26th birthday regardless of marital status. Step-children, foster children, and children for whom you have been named guardian may also remain on the plan until the first day of the month following their 26th birthday. (In some cases, disabled dependents can be carried past their 26th birthday.)

**Spousal Coverage:** If your spouse has health insurance under your account, a Form 6256, Designation of Spouse and/or Dependent Child for Health Insurance must be completed and submitted to KRS before the beginning of each plan year, or immediately following a qualifying event, for your spouse to receive the hazardous contribution toward health insurance for that plan year. If you divorce a spouse who is covered by health insurance under your KRS account, you must notify our office promptly. An ex-spouse is not eligible to remain on your plan. You must submit a new health insurance application with your ex-spouse removed (or a signed written statement to completely cancel a plan) to this office as soon as the divorce is final. A copy of the Dissolution of Marriage must be provided to KRS as soon as that is available. Without proper notification and documentation, you will be required to reimburse KRS for premiums paid on behalf of an ex-spouse who is no longer eligible for health insurance under your account.

Premium calculation for percentage contribution based on service credit for **Hazardous Duty** or both Haz and Non-Haz duty retirees or beneficiaries who began participation prior to 7/1/2003.



## 1. Select Plan

Determine your monthly premium (beginning January 1, 2016) and enter the value in Box 1.

Plan Option	Single	Parent Plus	Couple	Family	Family X-Ref*
LivingWell CDHP	\$702.10	\$967.18	\$1,302.74	\$1,453.94	\$810.00
LivingWell PPO	\$721.14	\$1,023.04	\$1,564.20	\$1,738.40	\$865.64
Standard PPO	\$677.74	\$963.36	\$1,474.84	\$1,640.84	\$814.72
Standard CDHP	\$663.68	\$930.34	\$1,429.26	\$1,591.52	\$792.90

Box 1

\* Retiree Portion. If you need assistance calculating your family cross-reference premium, contact KRS. If Cross-Reference option is selected and the retiree has a surplus of contribution to cover the retiree's portion of the premium, it will be applied to the spouses portion of the premium.



## 2. Service Credit

Based upon the applicant's months of service credit at retirement, enter a value in Box 2 below.

Applicant's Service Credit	Contribution <sup>1</sup>
240 months or more	\$721.14
180 - 239 months	\$540.86
120 - 179 months	\$360.57
48 - 119 months	\$180.29
0 - 47 months	\$0.00

Box 2



## 3. Spouse & Dependent Coverage

If you retired **August 1, 1998 or after**, your additional contribution toward Parent Plus, Couple or Family coverage is based upon hazardous duty service credit only. Apply your service credit to the first table on the next page to determine your additional contribution if selecting Parent Plus, Couple or Family coverage. Please enter this value in Box 3 on the next page.

If you retired **prior to August 1, 1998**, your additional contribution toward Parent Plus, Couple or Family coverage is based upon total service credit. Apply your total service credit to the first table on the next page to determine your additional contribution if selecting Parent Plus, Couple or Family coverage. Please enter this value in Box 3 on the next page.

Premium calculation for percentage contribution based on service credit for **Hazardous Duty** or both Haz and Non-Haz duty retirees or beneficiaries who began participation prior to 7/1/2003.



### 3. Spouse & Dependent Coverage (continued)

Hazardous Service Only <sup>2</sup>	Parent Plus	Couple	Family	Family X-Ref
240 months or more	\$301.90	\$843.06	\$1,017.26	\$1010.14
180 - 239 months	\$226.43	\$632.30	\$762.95	\$757.61
120 - 179 months	\$150.95	\$421.53	\$508.63	\$505.07
48 - 119 months	\$75.48	\$210.77	\$254.32	\$252.54
0 - 47 months	\$0.00	\$0.00	\$0.00	\$0.00

Box 3

<sup>2</sup> If you retired prior to August 1, 1998, your additional contribution toward Parent Plus, Couple or Family coverage is based upon total service credit.

Box 4

**Your Subtotal**



### 4. Tobacco Status Select one, based upon the past six months. If you are a tobacco user, you will be required to pay the amount in Box 5.

Applicant's Tobacco Status	Value
Non-tobacco user	\$0.00
Retiree or Beneficiary who uses tobacco and selects Single coverage	\$40.00
Retiree or Beneficiary who uses tobacco, selects Parent Plus, Couple or Family coverage	\$80.00

Box 5



### 5. Monthly Premium

**Your Total\***

**Box 1 - Box 2 - Box 3 = Subtotal**

**Box 4 + Box 5 = Total**



## Premium Calculation for Retirees eligible to receive Health Insurance Dollar Contribution

**Use this guide if you are receiving benefits, were Hired July 1, 2003 or later, and began Participating with KRS between August 1, 2004 and August 31, 2008.\* Or began Participating with KRS on or after September 1, 2008.\*\***

*\*In order to be eligible for health insurance benefits, you must have 120 months of service upon retirement.*

*\*\*In order to be eligible for health insurance benefits, you must have 180 months of service upon retirement.*

**For service in a nonhazardous position, you will receive a monthly dollar contribution of \$12.80 for each year of service per month. The Dollar Contribution will increase by 1.5% on July 1st.**

*i.e. if you began participating September 1, 2003 in a nonhazardous position, and retired effective October 1, 2013, you would receive \$128.00 per month towards health insurance premiums.*

**For service in a hazardous position, you will receive a monthly contribution of \$19.19 for each year of service per month. The Dollar Contribution will increase by 1.5% on July 1st.**

*i.e. if you began participating September 1, 2003 in a hazardous position, and retired effective October 1, 2013 you would receive \$191.90 per month towards health insurance premiums.*

**If you have hazardous and nonhazardous service, you will receive contribution based on the amount of full years of service for each.**

*i.e. if you began participating September 1, 2003 in a nonhazardous position until September 30, 2008 (5 years x \$12.80 = \$64.00), and then began participating October 1, 2008 in a hazardous position, and retired effective November 1, 2013 (5 years x \$19.19= \$95.95), you will receive \$159.95 per month towards health insurance premiums (\$64.00+\$95.95= \$159.95).*

**If you have a partial year of hazardous service and a partial year of nonhazardous service, they can be combined to equal a full year, you will receive 1 year of nonhazardous service.**

*i.e. if you have 9 years and 6 months of nonhazardous service and 6 months of hazardous service, your insurance contribution will be based on 10 years of nonhazardous service. You will receive \$128.00 per month towards health insurance premiums.*

**If you are receiving a monthly retirement benefit, that qualifies you to receive a Health Insurance Percentage contribution and also receiving a monthly retirement benefit that qualifies you to receive a Health Insurance Dollar contribution, please contact the Retirement office for help calculating your cost.**

Premium calculation for **Dollar Contribution** based on service credit for retirees or beneficiaries who began participating on or after July 1, 2003.



## 1. Select Plan Select one. Determine your dollar contribution premium (will begin January 1, 2016).

Plan Option	Single	Parent Plus	Couple	Family	Family X-Ref*
LivingWell CDHP	\$702.10	\$967.18	\$1,302.74	\$1,453.94	\$810.00
LivingWell PPO	\$721.14	\$1,023.04	\$1,564.20	\$1,738.40	\$865.64
Standard PPO	\$677.74	\$963.36	\$1,474.84	\$1,640.84	\$814.72
Standard CDHP	\$663.68	\$930.34	\$1,429.26	\$1,591.52	\$792.90

Box 1

\* Retiree Portion. If you need assistance calculating your family cross-reference premium, contact KRS. You must contact your spouse's insurance coordinator of information on spouses portion of the premium.



## 2. Non-Hazardous Service Credit

Subtract the following, based on the calculation of Years of Non-Hazardous Service multiplied by the Health Insurance Dollar Contribution Amount.

Non-Hazardous Service Credit-Dollar Amount Contribution Level (participating date after 7/1/2003)	X	Years of Non-Hazardous Service
\$12.80*		

Box 2

**Calculate** the KRS Service Credit Dollar Amount by **multiplying the Years of Non-Hazardous Service by the Health Insurance Dollar Contribution Amount.**

## 3. Hazardous Service Credit

Subtract the following, based on the calculation of Years of Hazardous Service multiplied by the Health Insurance Dollar Contribution Amount.

Hazardous Service Credit-Dollar Amount Contribution Level (participating date after 7/1/2003)	X	Years of Hazardous Service
\$19.19*		

Box 3

**Calculate** the KRS Service Credit Dollar Amount by **multiplying the Years of Service by the Health Insurance Dollar Contribution Amount, using the appropriate hazardous and non-hazardous service credit.**

***Please continue on to page 32 for your Total Monthly Premium***

Premium calculation for **Dollar Contribution** based on service credit for retirees or beneficiaries who began participating on or after July 1, 2003.



#### 4. Tobacco Status Select one, based upon the past six months.

If you are a tobacco user, you will be required to pay the amount in Box 4.

Applicant's Tobacco Status	Value
Non-tobacco user	\$0.00
Retiree or Beneficiary who uses tobacco and selects Single coverage	\$40.00
Retiree or Beneficiary who uses tobacco, selects Parent Plus, Couple or Family coverage	\$80.00

Box 4



#### 5. Monthly Premium

**Box 1 - Box 2 - Box 3 + Box 4 =**

Your Total





# KEHP 2016 Benefits Grid

Plan Options	LivingWell CDHP		LivingWell PPO		Standard PPO		Standard CDHP	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Health Reimbursement Arrangement (HRA)	Single \$500; Family \$1,000		Not Applicable		Not Applicable		Single \$250; Family \$500	
Annual Deductible*	Single \$1,250 Family \$2,500	Single \$2,500 Family \$5,000	Single \$500 Family \$1,000	Single \$1,000 Family \$2,000	Single \$750 Family \$1,500	Single \$1,500 Family \$3,000	Single \$1,750 Family \$3,500	Single \$3,000 Family \$6,000
	Applies to Medical and Pharmacy		Applies to Medical		Applies to Medical		Applies to Medical and Pharmacy	
Annual Medical Out-of-Pocket Maximum**	Single \$2,500 Family \$5,000	Single \$5,000 Family \$10,000	Single \$2,500 Family \$5,000	Single \$5,000 Family \$10,000	Single \$3,500 Family \$7,000	Single \$7,000 Family \$10,000	Single \$3,500 Family \$7,000	Single \$7,000 Family \$10,000
Deductibles & Out-of-Pocket Maximums for In-Network and Out-of-Network providers accumulate separately and do not cross apply.								
Co-Insurance	Plan: 85% Member: 15%	Plan: 60% Member: 40%	Plan: 80% Member: 20%	Plan: 60% Member: 40%	Plan: 70% Member: 30%	Plan: 50% Member: 50%	Plan: 70% Member: 30%	Plan: 50% Member: 50%
Doctor's Office Visits	Deductible then 15%	Deductible then 40%	Co-Pay: \$25 PCP; \$45 Specialist	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%
Physician Care (Inpatient/Outpatient/Other)	Deductible then 15%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%
Diagnostic Tests In Doctor's Office****	Deductible then 15%	Deductible then 40%	Office Visit Co-Pay	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%
Other Laboratory	Deductible then 15%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%
Inpatient Hospital (Semi-Private Room)	Deductible then 15%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%
Outpatient Hospital/Surgery	Deductible then 15%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%
Outpatient/Ambulatory Surgery Center	Deductible then 15%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%
Emergency Room (Benefit for emergency medical treatment only)	Deductible then 15%		\$150 Co-Pay then Deductible then 20% Co-Pay waived if admitted.		\$150 Co-Pay then Deductible then 30% Co-Pay waived if admitted.		Deductible then 30%	
ER Physician Care	Deductible then 15%		Deductible then 20%		Deductible then 30%		Deductible then 30%	
Ambulance	Deductible then 15%		Deductible then 20%		Deductible then 30%		Deductible then 30%	

# KEHP 2016 Benefits Grid

Plan Options	LivingWell CDHP		LivingWell PPO		Standard PPO		Standard CDHP	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Urgent Care Center	Deductible then 15%		\$50 Co-Pay		Deductible then 30%		Deductible then 30%	
Routine Well Child	Covered at 100%	Deductible then 40%	Covered at 100%	Deductible then 40%	Covered at 100%	Deductible then 50%	Covered at 100%	Deductible then 50%
Routine Well Adult	Covered at 100%	Deductible then 40%	Covered at 100%	Deductible then 40%	Covered at 100%	Deductible then 50%	Covered at 100%	Deductible then 50%
Mental Health	Treated the same as any other health condition. See specifics related to PCP office visit, inpatient and outpatient services.							
Autism Services	Treated the same as any other health condition. See specifics related to PCP office visit, inpatient and outpatient services.							
Allergy Injections	Deductible then 15%	Deductible then 40%	\$15 Co-Pay	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%
Allergy Serum	Deductible then 15%	Deductible then 40%	\$15 Co-Pay	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%
Maternity Care (See SPD for Specifics)	Deductible then 15%	Deductible then 40%	\$25 Co-Pay (office visit pregnancy diagnosed) Delivery Charge: Deductible then 20%	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%
Durable Medical Equipment	Deductible then 15%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%
Therapy Services (Per Visit; Physical, Occupational, Speech)	Deductible then 15%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%
	Maximum of 30 visits per calendar year, per therapy service type		Maximum of 30 visits per calendar year, per therapy service type		Maximum of 30 visits per calendar year, per therapy service type		Maximum of 30 visits per calendar year, per therapy service type	
Chiropractic Care	Deductible then 15%	Deductible then 40%	\$25 Co-Pay	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%
	Maximum of 26 visits per calendar year; no more than 1 visit per day		Maximum of 26 visits per calendar year; no more than 1 visit per day		Maximum of 26 visits per calendar year; no more than 1 visit per day		Maximum of 26 visits per calendar year; no more than 1 visit per day	

Prescription Drugs — Administered by CVS/caremark								
Annual Rx Out-of-Pocket Maximum	Combined with Medical	Combined with Medical	Single \$2,500 Family \$5,000	Not Applicable	Single \$2,500 Family \$5,000	Not Applicable	Combined with Medical	Combined with Medical
30-Day Supply*** Tier 1 - Generic Tier 2 - Formulary Tier 3 - Non-Formulary	Deductible then 15%	Deductible then 40%	\$10 \$35 \$55	Not Applicable	30% Min \$10-Max \$25 Min \$20-Max \$50 Min \$60-Max \$100	Not Applicable	Deductible then 30%	Deductible then 50%
90-Day Supply (Retail or Mail Order)*** Tier 1 - Generic Tier 2 - Formulary Tier 3 - Non Formulary	Deductible then 15%	Not Applicable	\$20 \$70 \$110	Not Applicable	30% Min \$20-Max \$50 Min \$40-Max \$100 Min \$120-Max \$200	Not Applicable	Deductible then 30%	Not Applicable

**Notes:** The boxed areas of the grid are components of each plan most often used by members when choosing a plan option, but are not all inclusive. **Please refer to the Summary Plan Descriptions (SPDs), available January 30, 2016, for a complete list of benefits.** KEHP has made every attempt to ensure the accuracy of the benefits outlined in this Benefits Grid. However, if an error has occurred, the benefits outlined in the 2016 SPDs and Medical Benefit Booklets will determine how benefits are paid. Benefits are subject to the terms, conditions, limitations and exclusions set forth in the SPDs.

\* Co-pays do **not** accumulate toward the deductible, but they do accumulate toward the applicable out-of-pocket maximum.

\*\* For the **LivingWell CDHP** and the **Standard CDHP** plans, all covered expenses apply to the out-of-pocket maximum. For the **LivingWell PPO** and the **Standard PPO** plans, the out-of-pocket maximum accumulates separately and independently for medical and prescription drug benefits.

\*\*\* Certain maintenance drugs are subject to lower co-pays and coinsurances. Please see the Diabetes Value Benefit.

\*\*\*\* Claims processed based on provider billing type which may include separate charges from a lab performing services outside of the doctor's office visit.

# Prescription Coverage

Administered by CVS/caremark

## Prescription Coverage

CVS/caremark administers your prescription coverage and is included with all KEHP plan options. You may go to any of the thousands of pharmacies participating in the CVS/caremark network. You do not have to use a CVS/caremark retail pharmacy. Just make sure your pharmacy of choice is participating in the network, so your benefits will be greater.

The amount you pay for your prescription will depend on the plan option you select, and whether the prescribed drug is a tier 1 generic, tier 2 preferred brand, or tier 3 non-preferred brand.

## Maintenance Drug Benefit

If your physician prescribes a drug classified as a maintenance drug by CVS/caremark, you may receive a 90-day supply, at reduced cost, through participating local retail pharmacies, or through CVS/caremark mail order. If you have either of the PPO plan options, you will receive a 90-day supply but pay for a 60-day supply. If you have either of the CDHP plan options, you may benefit from a receiving a lower cost when purchasing a larger quantity. A list of local participating pharmacies can be found at [kehp.ky.gov](http://kehp.ky.gov). To qualify for this benefit, the drug must be listed on CVS/caremark's maintenance drug list. For more information, call CVS/caremark at 866-601-6934.

## Formulary

You may view the CVS/caremark formulary at [kehp.ky.gov](http://kehp.ky.gov). The website also includes the Pharmacy Summary Plan Descriptions, which provide additional information about prior authorization, step therapy, quantity level limit programs, inherited metabolic diseases and specialty pharmacy.

If you require a specialty drug to treat chronic, complex diseases such as cancer, multiple sclerosis, or rheumatoid arthritis, you must obtain it from CVS/caremark Specialty Pharmacy. KEHP will allow you to receive your initial specialty medication fill through a retail participating pharmacy. However, after the initial fill, CVS/caremark Specialty Pharmacy must fill all remaining prescriptions. Your specialty drugs will be delivered to your home.

**For more information, call CVS/caremark at 866-601-6934.**

**Prescription Coverage  
Administered by CVS/caremark  
[www.caremark.com](http://www.caremark.com)**





# Diabetes Value Benefit

Diabetes can cause serious health complications for members and is one of KEHP's highest cost medical conditions – with more than one million dollars in claims a year. Diabetes can often be controlled with regular doctor visits and proper medication adherence. KEHP cares about our members, and is offering assistance to members with diabetes to help them control their condition.

In 2016, KEHP diabetic members will pay reduced co-pays and co-insurance, with no deductibles, for most all of their maintenance diabetic prescriptions and supplies.

Diabetes Value Benefit*	Living Well CDHP	LivingWell PPO	Standard PPO	Standard CDHP
30-Day Supply			30%	
Tier 1 – Generic	0%	\$0	\$0	0%
Tier 2 – Preferred	10%	\$25	Min \$10-Max \$40	25%
Tier 3 – Non-Preferred	10%	\$40	Min \$45-Max \$85	25%
90-Day Supply (Retail or Mail Order)			30%	
Tier 1 – Generic	0%	\$0	\$0	0%
Tier 2 – Preferred	10%	\$50	Min \$20-Max \$80	25%
Tier 3 – Non Preferred	10%	\$80	Min \$90-Max \$170	25%

\* Maintenance diabetic prescriptions and supplies covered under the Diabetes Value Benefit must be a covered prescription on the maintenance drug list.



# Call for Help

<b>Open Enrollment Hotline</b>		<b>888-581-8834*</b> Option 1 - KHRIS User ID, password, computer & technical assistance Option 2 - Benefit Questions Option 3 - KEHP Member Services & Eligibility Oct. 12 – 16 Monday – Friday 8 am – 6 pm ET Oct. 17 Saturday 8 am – 1 pm ET Oct. 19 – 23 Monday – Friday 8 am – 8 pm ET Oct. 24 Saturday 8 am – 1 pm ET Oct. 26 Monday 8 am – 6 pm ET
<b>Health Insurance Benefits</b>	Anthem Customer Service	844-402-KEHP (5347)
<b>Prescription Benefits</b>	CVS/caremark Customer Service	866-601-6934
<b>FSA &amp; HRA Benefits</b>	WageWorks	877-430-5519
<b>Wellness Information</b>	HumanaVitality	855-478-1623
<b>Shopper Discounts</b>	Vitals SmartShopper	855-869-2133
<b>LRP and JRP Retiree Questions</b>	Judicial Retirement Plan and Legislators' Retirement Plan	502-564-5310
<b>KCTCS Retiree Questions</b>	Kentucky Community and Technical College System Retirement	859-256-3100
<b>KRS Retiree Questions</b>	Kentucky Retirement Systems	800-928-4646 502-696-8800 kyret.ky.gov
<b>KTRS Retiree Questions</b>	Kentucky Teachers' Retirement System	800-618-1687 502-848-8500 ktrs.ky.gov

\* Number and options are available Oct. 12 – Oct. 26.

# 2016 Benefit Fair Schedule

Flu shots will be available at Franklin, Fayette, and Jefferson counties, on a first come, first served basis. Online enrollment and assistance will be available at all locations for active employees and KTRS retirees under age 65. All Benefit Fairs are local time.

Date	County	Times	Location
Oct 1 THU	Franklin	8-6p	501 High St Auditorium Frankfort, KY 40601
Oct 2 FRI	Jefferson	8-5p	Kentucky Fair & Expo Center East Hall B – North Wing Louisville, KY 40209
Oct 5 MON	McCracken	2-6p	Western KY Community & Tech College Emerging Technology Ctr 5100 Alben Barkley Dr Rm 109 & 112 Paducah, KY 42002
Oct 6 TUE	Hopkins	2-6p	Jesse Stuart Elementary 1710 Anton Rd Madisonville, KY 42431
Oct 7 WED	Christian	4-7p	215 Glass Avenue Hopkinsville, KY 42240
Oct 8 THU	Harlan	2-6p	Southeast Community/Tech College Harlan Campus 164 Ball Park Rd, Harlan, KY 40831
Oct 9 FRI	Warren	2-6p	Briarwood Elementary 265 Lovers Lane Bowling Green, KY 42103
Oct 12 MON	Fayette	4-7p	Tates Creek High School 1111 Centre Pkwy Lexington, KY 40517
Oct 13 TUE	Boyle	4-7p	Danville High School 203 E. Lexington Ave. Danville, KY 40422
Oct 13 TUE	Madison	4-7p	B. Michael Caudill Middle School 1428 Dr. Robert R Martin Bypass Richmond, KY 40475
Oct 14 WED	Laurel	2-6p	GC Garland Admin Bldg. 710 N. Main St. London, KY 40741
Oct 15 THU	Boone	2-6p	Gateway Community/Tech College 500 Technology Drive Florence, KY 41042
Oct 19 MON	Boyd	4:30-7:30p	Boyd Co High School Media Ctr/Commons Area 14375 Lions Lane Ashland, KY 41102
Oct 20 TUE	Pike	4-7p	Pike County Central High School Cafeteria 100 Winner's Circle Pikeville, KY 41501

# Changing or Cancelling Benefits

## When You Need to Change or Cancel Benefits

KEHP is operated as a federally regulated, Section 125 Cafeteria Plan which enables you to pay your health insurance premiums and your Flexible Spending Account contributions with pre-tax dollars. In exchange for this benefit, there are only three times you can change or cancel your benefit elections during the plan year.

- During the enrollment period when you first become eligible for benefits
- During the annual Open Enrollment period
- If you experience a life event, referred to as a Qualifying Event

## What is a Qualifying Event?

- Marriage
- Having or adopting a child
- Divorce
- Loss of other group health insurance
- Legal guardianship or court order

## When you have a Qualifying Event

In all cases, any change in your plan option or coverage level must be consistent with the qualifying event. For most events, you must complete a Health Insurance Add/Drop Form and submit it to your Insurance Coordinator or Human Resource Generalist within 35 calendar days. If you have a baby or adopt a child, you have 60 calendar days unless adding additional dependents and then you have 35 days.

Qualifying events are complicated and, at times, difficult to understand. There are restrictions on the types of changes you may make due to federal qualifying event rules. A change in a life event or status may not entitle you to change the amount you contribute to a Flexible Spending Account. If you do not sign and date the required form in a timely manner, you will not be permitted to revise your coverage election until the next Open Enrollment period. For additional information about qualifying events, contact your Insurance Coordinator or Human Resource Generalist.

## Before You Send In Your Application:

1. Make sure all questions are answered.
2. All 4 pages must be returned.
3. A signature is required on page 4. If the retiree is not the planholder then both the retiree and the planholder must sign.
4. Failure to submit a completed application could result in a delay of benefits and receipt of insurance cards.





Form 6200  
Revised 09/2015

Print Form

## 2016 RETIREE HEALTH INSURANCE ENROLLMENT/CHANGE APPLICATION

<b>Section 1: To Be Completed by Insurance Coordinator</b>					
KHRIS Personnel Number		Hazardous Duty <input type="checkbox"/>		Coverage Effective Date	
<input type="checkbox"/> KRS 80000 10006416	<input type="checkbox"/> KTRS 85000 10006418	<input type="checkbox"/> KCTCS 81000 10006417	<input type="checkbox"/> JRP 86000 10006419	<input type="checkbox"/> LRP 87000 10006420	
<b>Reason for Application</b> <input type="checkbox"/> New Retiree <input type="checkbox"/> Open Enrollment <input type="checkbox"/> Qualifying Event (QE) <input type="checkbox"/> Other				<b>Qualifying Event Date</b>	
<b>Deletion of Dependent</b> <input type="checkbox"/> Divorce <input type="checkbox"/> Gaining other Coverage <input type="checkbox"/> Death <input type="checkbox"/> Gaining Medicare/Medicaid <input type="checkbox"/> Loss of Eligibility <input type="checkbox"/> Other _____			<b>Addition of Dependent</b> <input type="checkbox"/> Marriage <input type="checkbox"/> Loss of Other Coverage <input type="checkbox"/> Birth/Adoption <input type="checkbox"/> Loss of KCHIP/Medicaid <input type="checkbox"/> Guardianship/Court Order <input type="checkbox"/> Re-establishing Eligibility <input type="checkbox"/> Special Enrollment		
<b>Section 2: Demographic Information</b>					
Retiree's SSN		Retiree Name (Last, First, MI)		Retiree Date of Birth	
Applicant's SSN		Applicant Name (Last, First, MI)		Applicant's Date of Birth	
Street Address		Home County	Primary Phone Number		Home Email Address
City, State, ZIP			Secondary Phone Number		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Married <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you Medicare eligible due to Social Security Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Within the past 6 months, have you, or a spouse or dependent(s) 18 or over, to be covered under your insurance plan, used tobacco regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Section 3: Spouse/Dependent Information - Skip to Section 4 if electing single coverage.</b>					
<b>Spouse's Information</b>					
Social Security Number		Name (Last, First, MI)		Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Is Spouse Medicare eligible due to Social Security Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Questions below only apply if you are electing the Cross-Reference Payment Option ONLY (LRP, JRP not eligible)</b>					
1. Do you and your spouse utilize the cross-reference payment option? (two KEHP members, married with child(ren))? <input type="checkbox"/> Yes					
2. Within the past 6 months, have you, the spouse, used tobacco regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No					
3. Date of Hire/Retirement		4. Organizational Unit #		5. Spouse's Company Name	
				6. Spouse's Company Number	
<b>Dependent(s) Information - If you need additional room for dependents, add them to another page and include it as part of the application</b>					
Child 1 Social Security Number	Name (Last, First, MI)	<input type="checkbox"/> Natural <input type="checkbox"/> Adopted <input type="checkbox"/> Court Ordered	<input type="checkbox"/> Foster <input type="checkbox"/> Step <input type="checkbox"/> Disabled	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Child 2 Social Security Number	Name (Last, First, MI)	<input type="checkbox"/> Natural <input type="checkbox"/> Adopted <input type="checkbox"/> Court Ordered	<input type="checkbox"/> Foster <input type="checkbox"/> Step <input type="checkbox"/> Disabled	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Child 3 Social Security Number	Name (Last, First, MI)	<input type="checkbox"/> Natural <input type="checkbox"/> Adopted <input type="checkbox"/> Court Ordered	<input type="checkbox"/> Foster <input type="checkbox"/> Step <input type="checkbox"/> Disabled	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Are any dependents Medicare eligible due to Social Security Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, who?					

--	--	--	--	--	--	--	--

Retiree's SSN

--	--	--	--	--	--	--	--

Applicant's SSN

**Section 4: Plan Options**

- |  |        |  |
|--|--------|--|
| <input type="checkbox"/> LivingWell CDHP | -----> | <input type="checkbox"/> I AGREE to the LivingWell Promise |
| <input type="checkbox"/> LivingWell PPO  | -----> | <input type="checkbox"/> I AGREE to the LivingWell Promise |

If you do NOT AGREE to the LivingWell Promise, or if you failed to fulfill your LivingWell Promise in 2014, you must select a Standard plan option below

- ☐ Standard PPO  
☐ Standard CDHP

**Section 5: Coverage Levels**

- ☐ Single (self only)   ☐ Parent Plus (self and child(ren))   ☐ Couple (self and spouse)   ☐ Family (self, spouse and child(ren))

**Section 6: Waiving Health Insurance (no health insurance)**

- ☐ No HRA - waiving insurance/not eligible/no employer-funding.   Reason for waiving?

**TOBACCO USE DECLARATION**

The Commonwealth of Kentucky is committed to fostering and promoting wellness and health in the workforce. As a part of the KEHP wellness program, KEHP provides a monthly discount in premium contribution rates for non-tobacco users. You are eligible for the non-tobacco user premium contribution rates provided you certify that you or any other person to be covered under your plan has not regularly used tobacco within the past six months.

**TOBACCO USE INFORMATION****Check the applicable box below:**

Within the past six months, have you, or a spouse or dependent to be covered under your insurance plan, used tobacco regularly?

- ☐ Yes   ☐ No

**NOTE:** Regularly means tobacco has been used four or more times per week on average excluding religious or ceremonial uses.

**NOTE:** "Tobacco" means all tobacco products including, but limited to, cigarettes, pipes, chewing tobacco, snuff, dip, and any other tobacco products regardless of the frequency or method of use.

**NOTE:** "Dependent" means, for the purpose of the Tobacco Use Declaration, only those dependents who are 18 years of age or older.

By submitting this form, I certify the following:

- I have truthfully checked the Yes or No box above that accurately reflects the use of tobacco products in the past six months regarding myself and persons to be covered as a spouse or dependent under my insurance plan.
- I understand that the tobacco-user premium contribution rates will apply beginning January 1, 2016 if I answered "Yes" to the question above.
- I understand that it is my responsibility to notify KEHP of any changes in my tobacco-use or that of my spouse or a dependent covered under my insurance plan, including notification to KEHP if all tobacco users become ineligible for coverage or are otherwise terminated during the plan year. Notification shall be made by completing a Tobacco Use Change Form.
- I understand that if I or a spouse or dependent to be covered under my insurance plan currently use tobacco products and stop using tobacco products during the plan year, I will be eligible for the discount non-tobacco premium contribution rates on the first day of the month following the signature date on the Tobacco Use Change Form certifying that neither I nor my spouse/dependent(s) regularly used tobacco products during the six months prior to completion of the Tobacco Use Change Form.
- I understand that if I answered "No" to the question above and either I or a spouse or dependent covered under my insurance plan become a regular tobacco user at any time, I must notify KEHP and my contribution rates will be adjusted to the tobacco-user premium contribution rates on the first day of the month following the signature date on the Tobacco Use Change Form.
- I understand that this Tobacco Use Declaration is a part of my KEHP application for health insurance coverage. Any person who knowingly, and with the intent to defraud files an application for insurance containing any materially false information, or who conceals, for the purposes of misleading, information concerning any fact material to the application, commits a fraudulent insurance act which is a crime.
- I understand that if I fail to complete this Declaration truthfully, KEHP may adjust my contribution rates retroactively to apply the applicable higher tobacco-user premium contribution rates. Upon written notification, I will pay to KEHP the difference between the tobacco-user and the non-tobacco user premium contribution rates for the period for which I falsely certified eligibility for the non-tobacco user premium contribution rates.
- The KEHP offers monthly discounted premium contribution rates to non-tobacco users as a part of its wellness program. Each KEHP member has at least one opportunity per plan year to qualify for the discount. KEHP is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact the Department of Employee Insurance at (888) 581-8834 or (502) 564-6534 and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

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Retiree's SSN

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Applicant's SSN

Authorization and Certification for elections made by the planholder for health insurance coverage through the Kentucky Employees' Health Plan (KEHP or Plan), administered by the Department of Employee Insurance (DEI). My signature on this application for health insurance creates a legal and binding contract. By affixing my signature, I understand and agree that:

- If I am electing a KEHP plan option during open enrollment, the plan will be effective January 1 of the following plan year. If I am a new retiree electing a KEHP plan option outside of open enrollment, the plan will be effective upon my retirement and in accordance with my Retirement Systems' new retiree health insurance coverage rules.
- I have read and understand the 2016 KEHP Benefits Selection Guide (BSG). Plan rules and limitations are contained in the KEHP Summary Plan Descriptions (SPD) or Medical Benefit Booklets (MBB) and the Summary of Benefits and Coverage (SBC).
- All KEHP benefits for my eligible dependents and me will be provided in accordance with the limitations in the SPDs, MBBs, BSG, and SBCs. I will abide by all terms and conditions governing membership and receipt of services from the plan in which I have enrolled and as set forth in the SPD and MBB. In the event of a conflict between the terms of coverage stated in the SPDs, the MBBs, the BSG, and the SBCs, the terms of coverage stated in the SPDs and/or MBBs will govern.
- KEHP uses third parties, including Anthem, CVS Caremark, and WageWorks to provide certain administrative functions. KEHP may communicate with me directly or through these third parties about my coverage, my benefits, or health-related products or services provided by or included in KEHP's plan of benefits.
- If my spouse and I elect the cross-reference payment option, we are planholders with family coverage, and upon a loss of eligibility by either spouse, the remaining planholder will default to a parent plus coverage level. The cross-reference payment option ceases upon loss of eligibility or employment by either spouse/planholder. (This option is not available to LRP/JRP retirees).
- I certify that each enrolled dependent meets KEHP's dependent eligibility requirements as set forth in the SPD and/or the MBB. DEI may require supporting documentation to verify the eligibility of any dependent enrolled or requesting to be enrolled in the Plan.
- The elections indicated by this application may not be changed or cancelled during the plan year without a permitted Qualifying Event.
- I authorize my Retirement System to deduct from my earnings/benefits and/or bill me the amount required to cover my share of the premium contribution for the plan option I have selected, including any arrears I may owe.
- I authorize KEHP to release my medical claims data to my Retirement System for use in data analysis and referral to available health-related services upon their review.
- Any premium payment submitted to KEHP that I intend to be used to pay for my health insurance premium contributions may first be used to pay other priority debts that may be due and owing such as taxes and child support.
- I authorize my Retirement System to release the information in this application to the Social Security Administration. The information in this application may be used by the Social Security Administration to determine Medicare eligibility. I further acknowledge that Medicare eligibility will affect my participation in KEHP. I acknowledge that I have an ongoing affirmative duty to inform my Retirement System of any change in Medicare eligibility status for myself, my spouse, or my dependent(s).
- If I elect to waive KEHP health insurance coverage, without a Waiver Health Reimbursement Arrangement (HRA), I am doing so voluntarily.
- KEHP provides plan options that, under the Affordable Care Act, constitute minimum essential coverage that is affordable and provides a minimum value. For certain types of coverage, including retiree health coverage offered by a former employer, if you are eligible but not enrolled, you can still qualify for premium tax credits through kynect, the Kentucky marketplace.
- The four KEHP plan options must pay primary to Medicare.
- The KEHP offers discounted premium contribution rates to non-tobacco users as a part of its wellness program. If either I or a spouse or dependent to be covered under my insurance plan have used tobacco regularly within the past six months, I will not qualify for the discounted employee premium contribution rates. Each KEHP member has at least one opportunity per plan year to qualify for the discount. KEHP is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees/retirees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact the Department of Employee Insurance at 888-581-8834 or 502-564-6534 and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status. KEHP does not collect or retain personal health or medical information through its wellness program; however, KEHP may receive aggregate information that does not identify any individual in order to design and offer health programs aimed at improving the health of KEHP members.
- If I have chosen one of the KEHP LivingWell plan options, I agree to fulfill the KEHP LivingWell Promise by completing (1) my online Humana *Vitality* Health Assessment; OR (2) a *VitalityCheck* (biometric screening). If I am choosing a LivingWell plan option during open enrollment, I will complete the Health Assessment OR a *VitalityCheck* (biometric screening) from January 1, 2016 through May 1, 2016. If I am a new retiree and I choose a LivingWell plan option outside of open enrollment, I will complete the Health Assessment OR *VitalityCheck* (biometric screening) within 90 days of my coverage effective date.
- I have rights under HIPAA regarding the protection of my health information. KEHP will comply with the HIPAA Privacy and Security rules, and uses and disclosures of my protected health information will be in accordance with federal law. KEHP may use and disclose such information to business associates or other third parties only in accordance with KEHP's Notice of Privacy Practices available at [kehp.ky.gov](http://kehp.ky.gov).
- Any person who knowingly, and with the intent to defraud, files an application for insurance containing any materially false information (including a forged signature or incorrect signature date), or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime. I can be held responsible for any fraudulent act that I could have prevented while acting within my duties related to the KEHP, and it may be used to reduce or deny a claim or to terminate my coverage.
- I have fully read the materials provided to me. My signature on this application certifies that all information provided during this enrollment opportunity is correct to the best of my knowledge.
- Exceptions may apply to employees of certain employers participating in KEHP and to KTRS, KRS, LRP, and JRP retirees. Please refer to the participation rules of your employer or Retirement System for further information.

Plan Year 2016

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Retiree's SSN

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Applicant's SSN

**Application MUST be signed by retirement Insurance Coordinator.**  
**Please mail application to the appropriate retirement system listed below:**

**KY Retirement Systems(KRS)**

Perimeter Park West  
1260 Louisville Road  
Frankfort, KY 40601

**KY Teachers' Retirement(KTRS)**

479 Versailles Road  
Frankfort, KY 40601

**KY Judicial Form Retirement  
System (JRP/LRP)**

305 Ann Street, Room 302,  
Whitaker Bank Bldg.  
Frankfort, KY 40601

**Kentucky Community &  
Technical College System  
Retirees**

300 North Main Street  
Versailles, KY 40383

Retiree Signature

Date

Applicant Signature (if other than retiree)

Date

Spouse's Signature\*

Date

Retiree's Insurance Coordinator's Signature

Date

Spouse's Insurance Coordinator's Signature\*

Date

\*Required if electing the cross-payment reference option.





Form 6200  
Revised 09/2015

Print Form

## 2016 RETIREE HEALTH INSURANCE ENROLLMENT/CHANGE APPLICATION

<b>Section 1: To Be Completed by Insurance Coordinator</b>					
KHRIS Personnel Number		Hazardous Duty <input type="checkbox"/>		Coverage Effective Date	
<input type="checkbox"/> KRS 80000 10006416	<input type="checkbox"/> KTRS 85000 10006418	<input type="checkbox"/> KCTCS 81000 10006417	<input type="checkbox"/> JRP 86000 10006419	<input type="checkbox"/> LRP 87000 10006420	
<b>Reason for Application</b> <input type="checkbox"/> New Retiree <input type="checkbox"/> Open Enrollment <input type="checkbox"/> Qualifying Event (QE) <input type="checkbox"/> Other				<b>Qualifying Event Date</b>	
<b>Deletion of Dependent</b> <input type="checkbox"/> Divorce <input type="checkbox"/> Death <input type="checkbox"/> Loss of Eligibility		<input type="checkbox"/> Gaining other Coverage <input type="checkbox"/> Gaining Medicare/Medicaid <input type="checkbox"/> Other _____		<b>Addition of Dependent</b> <input type="checkbox"/> Marriage <input type="checkbox"/> Birth/Adoption <input type="checkbox"/> Guardianship/Court Order <input type="checkbox"/> Loss of Other Coverage <input type="checkbox"/> Loss of KCHIP/Medicaid <input type="checkbox"/> Re-establishing Eligibility <input type="checkbox"/> Special Enrollment	
<b>Section 2: Demographic Information</b>					
Retiree's SSN		Retiree Name (Last, First, MI)		Retiree Date of Birth	
Applicant's SSN		Applicant Name (Last, First, MI)		Applicant's Date of Birth	
Street Address		Home County	Primary Phone Number		Home Email Address
City, State, ZIP			Secondary Phone Number		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female   Married <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you Medicare eligible due to Social Security Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Within the past 6 months, have you, or a spouse or dependent(s) 18 or over, to be covered under your insurance plan, used tobacco regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Section 3: Spouse/Dependent Information</b> - Skip to Section 4 if electing single coverage.					
<b>Spouse's Information</b>					
Social Security Number		Name (Last, First, MI)		Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Is Spouse Medicare eligible due to Social Security Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Questions below only apply if you are electing the Cross-Reference Payment Option ONLY (LRP, JRP not eligible)</b>					
1. Do you and your spouse utilize the cross-reference payment option? (two KEHP members, married with child(ren))? <input type="checkbox"/> Yes					
2. Within the past 6 months, have you, the spouse, used tobacco regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No					
3. Date of Hire/Retirement		4. Organizational Unit #		5. Spouse's Company Name	
				6. Spouse's Company Number	
<b>Dependent(s) Information</b> - If you need additional room for dependents, add them to another page and include it as part of the application					
Child 1 Social Security Number	Name (Last, First, MI)	<input type="checkbox"/> Natural <input type="checkbox"/> Adopted <input type="checkbox"/> Court Ordered	<input type="checkbox"/> Foster <input type="checkbox"/> Step <input type="checkbox"/> Disabled	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Child 2 Social Security Number	Name (Last, First, MI)	<input type="checkbox"/> Natural <input type="checkbox"/> Adopted <input type="checkbox"/> Court Ordered	<input type="checkbox"/> Foster <input type="checkbox"/> Step <input type="checkbox"/> Disabled	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Child 3 Social Security Number	Name (Last, First, MI)	<input type="checkbox"/> Natural <input type="checkbox"/> Adopted <input type="checkbox"/> Court Ordered	<input type="checkbox"/> Foster <input type="checkbox"/> Step <input type="checkbox"/> Disabled	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Are any dependents Medicare eligible due to Social Security Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, who?					

Plan Year 2016

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Retiree's SSN

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Applicant's SSN

#### Section 4: Plan Options

- |  |        |  |
|--|--------|--|
| <input type="checkbox"/> LivingWell CDHP | -----> | <input type="checkbox"/> I AGREE to the LivingWell Promise |
| <input type="checkbox"/> LivingWell PPO  | -----> | <input type="checkbox"/> I AGREE to the LivingWell Promise |

If you do NOT AGREE to the LivingWell Promise, or if you failed to fulfill your LivingWell Promise in 2014, you must select a Standard plan option below

- ☐ Standard PPO  
☐ Standard CDHP

#### Section 5: Coverage Levels

- ☐ Single (self only)   ☐ Parent Plus (self and child(ren))   ☐ Couple (self and spouse)   ☐ Family (self, spouse and child(ren))

#### Section 6: Waiving Health Insurance (no health insurance)

- ☐ No HRA - waiving insurance/not eligible/no employer-funding.   Reason for waiving?

#### TOBACCO USE DECLARATION

The Commonwealth of Kentucky is committed to fostering and promoting wellness and health in the workforce. As a part of the KEHP wellness program, KEHP provides a monthly discount in premium contribution rates for non-tobacco users. You are eligible for the non-tobacco user premium contribution rates provided you certify that you or any other person to be covered under your plan has not regularly used tobacco within the past six months.

#### TOBACCO USE INFORMATION

##### Check the applicable box below:

Within the past six months, have you, or a spouse or dependent to be covered under your insurance plan, used tobacco regularly?

- ☐ Yes   ☐ No

**NOTE:** Regularly means tobacco has been used four or more times per week on average excluding religious or ceremonial uses.

**NOTE:** "Tobacco" means all tobacco products including, but limited to, cigarettes, pipes, chewing tobacco, snuff, dip, and any other tobacco products regardless of the frequency or method of use.

**NOTE:** "Dependent" means, for the purpose of the Tobacco Use Declaration, only those dependents who are 18 years of age or older.

By submitting this form, I certify the following:

- I have truthfully checked the Yes or No box above that accurately reflects the use of tobacco products in the past six months regarding myself and persons to be covered as a spouse or dependent under my insurance plan.
- I understand that the tobacco-user premium contribution rates will apply beginning January 1, 2016 if I answered "Yes" to the question above.
- I understand that it is my responsibility to notify KEHP of any changes in my tobacco-use or that of my spouse or a dependent covered under my insurance plan, including notification to KEHP if all tobacco users become ineligible for coverage or are otherwise terminated during the plan year. Notification shall be made by completing a Tobacco Use Change Form.
- I understand that if I or a spouse or dependent to be covered under my insurance plan currently use tobacco products and stop using tobacco products during the plan year, I will be eligible for the discount non-tobacco premium contribution rates on the first day of the month following the signature date on the Tobacco Use Change Form certifying that neither I nor my spouse/dependent(s) regularly used tobacco products during the six months prior to completion of the Tobacco Use Change Form.
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Retiree's SSN

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Applicant's SSN

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- I authorize KEHP to release my medical claims data to my Retirement System for use in data analysis and referral to available health-related services upon their review.
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- If I have chosen one of the KEHP LivingWell plan options, I agree to fulfill the KEHP LivingWell Promise by completing (1) my online Humana Vitality Health Assessment; OR (2) a VitalityCheck (biometric screening). If I am choosing a LivingWell plan option during open enrollment, I will complete the Health Assessment OR a VitalityCheck (biometric screening) from January 1, 2016 through May 1, 2016. If I am a new retiree and I choose a LivingWell plan option outside of open enrollment, I will complete the Health Assessment OR VitalityCheck (biometric screening) within 90 days of my coverage effective date.
- I have rights under HIPAA regarding the protection of my health information. KEHP will comply with the HIPAA Privacy and Security rules, and uses and disclosures of my protected health information will be in accordance with federal law. KEHP may use and disclose such information to business associates or other third parties only in accordance with KEHP's Notice of Privacy Practices available at [kehp.ky.gov](http://kehp.ky.gov).
- Any person who knowingly, and with the intent to defraud, files an application for insurance containing any materially false information (including a forged signature or incorrect signature date), or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime. I can be held responsible for any fraudulent act that I could have prevented while acting within my duties related to the KEHP, and it may be used to reduce or deny a claim or to terminate my coverage.
- I have fully read the materials provided to me. My signature on this application certifies that all information provided during this enrollment opportunity is correct to the best of my knowledge.
- Exceptions may apply to employees of certain employers participating in KEHP and to KTRS, KRS, LRP, and JRP retirees. Please refer to the participation rules of your employer or Retirement System for further information.

Plan Year 2016

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Retiree's SSN

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Applicant's SSN

**Application MUST be signed by retirement Insurance Coordinator.**  
**Please mail application to the appropriate retirement system listed below:**

**KY Retirement Systems(KRS)**

Perimeter Park West  
1260 Louisville Road  
Frankfort, KY 40601

**KY Teachers' Retirement(KTRS)**

479 Versailles Road  
Frankfort, KY 40601

**KY Judicial Form Retirement  
System (JRP/LRP)**

305 Ann Street, Room 302,  
Whitaker Bank Bldg.  
Frankfort, KY 40601

**Kentucky Community &  
Technical College System  
Retirees**

300 North Main Street  
Versailles, KY 40383

Retiree Signature

Date

Applicant Signature (if other than retiree)

Date

Spouse's Signature\*

Date

Retiree's Insurance Coordinator's Signature

Date

Spouse's Insurance Coordinator's Signature\*

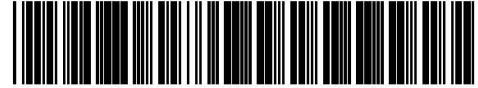
Date

\*Required if electing the cross-payment reference option.



**Kentucky Retirement Systems**

Perimeter Park West • 1260 Louisville Rd. • Frankfort KY 40601-6124  
Phone: (502) 696-8800 • Fax: (502) 696-8822 • kyret.ky.gov

[Print Form](#)**Form 6256**  
Revised 9/2015**Designation of Spouse and/or Dependent Child for Health Insurance**

Complete this form if you are a General Assembly Retiree, Hazardous Duty Retiree, Surviving Spouse Beneficiary receiving General Assembly, Hazardous Duty, or duty related benefits under the Fred Capps Memorial Act and electing to cover a spouse and/or dependent child on health insurance.

**Member Information** Please provide your Member ID or Social Security Number in the Member ID box below

Recipient Name:		Recipient ID:	
Address:	City:	State:	Zip Code:
Phone Number:	Is this a new address? <input type="radio"/> Yes <input type="radio"/> No		

**If you are beneficiary to the account please provide the member's name and Member ID below**

Member Name:	Member ID:
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**Spouse Information**

Spouse Name:	Social Security Number:	Spouse Date of Birth:	
Address:	City:	State:	Zip Code:

**Dependent Information**

Dependent Name:	Social Security Number:	Dependent Date of Birth:	
Address:	City:	State:	Zip Code:

Relationship to Member: ☐ Natural Child ☐ Adopted ChildIs this dependent married or has this dependent been married previously? ☐ Yes ☐ NoIs this dependent age 18 or older? ☐ Yes ☐ NoIs this dependent a full time student? ☐ Yes ☐ No**Dependent Information**

Dependent Name:	Social Security Number:	Dependent Date of Birth:	
Address:	City:	State:	Zip Code:

Relationship to Member: ☐ Natural Child ☐ Adopted ChildIs this dependent married or has this dependent been married previously? ☐ Yes ☐ NoIs this dependent age 18 or older? ☐ Yes ☐ NoIs this dependent a full time student? ☐ Yes ☐ No

**Dependent Information**

Dependent Name:		Social Security Number:		Dependent Date of Birth:	
Address:		City:		State:	Zip Code:

Relationship to Member: ☐ Natural Child ☐ Adopted ChildIs this dependent married or has this dependent been married previously? ☐ Yes ☐ NoIs this dependent age 18 or older? ☐ Yes ☐ NoIs this dependent a full time student? ☐ Yes ☐ No**Dependent Information**

Dependent Name:		Social Security Number:		Dependent Date of Birth:	
Address:		City:		State:	Zip Code:

Relationship to Member: ☐ Natural Child ☐ Adopted ChildIs this dependent married or has this dependent been married previously? ☐ Yes ☐ NoIs this dependent age 18 or older? ☐ Yes ☐ NoIs this dependent a full time student? ☐ Yes ☐ No**Certification**

I, \_\_\_\_\_, do hereby certify that the person(s) designated above is the retiree's spouse\* and/or dependent child\*\* as defined by law as, "a child in the womb and a natural or legally adopted child of the member who has neither attained age eighteen(18) nor married or who is an unmarried full-time student who has not attained age twenty-two (22). I agree that I will immediately provide written notification to Kentucky Retirement Systems as soon as the person(s) designated above no longer qualifies as a spouse\* and/or dependent child\*\* as defined by KRS 16.505(17). I understand that Kentucky Retirement Systems shall immediately cease to pay the portion of the health insurance premium made on behalf of the person designated above when that person no longer qualifies as a dependent child\*\* as defined by KRS 16.505(17). I understand and agree that I will be responsible for and shall be required to repay any insurance benefits paid on behalf of the person(s) designated above if the said person is not a dependent child\*\* as defined by KRS 16.505(17) or if I fail to notify Kentucky Retirement Systems when dependent child marries, ceases to be a full-time student, or otherwise ceases to qualify as a dependent child as defined by KRS 16.505(17).

\*105 KAR 1:410

\*\*KRS 16.505(17)

I hereby certify that the information provided on this Form 6256, Designation of Spouse and/or Dependent Child for Health Insurance, is true and correct. I further acknowledge that I have full understanding that any person who provides a false statement, report, or representation is subject to penalty or perjury under KRS 523.110 to KRS 523.110.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Kentucky Retirement Systems

Perimeter Park West • 1260 Louisville Rd. • Frankfort KY 40601-6124

Phone: (502) 696-8800 • Fax: (502) 696-8822 • [kyret.ky.gov](http://kyret.ky.gov)

Print Form

**Form 6131**

Revised 05/2008

### Bank Draft Authorization for Direct Pay Accounts

#### Recipient Information

The recipient is the person who is receiving the monthly benefit from the retirement system. Please provide your Member ID or Social Security Number in the Recipient ID box below.

Recipient Name:		Recipient ID:	
Address:	City:	State:	Zip Code:
Phone Number:	Is this a new address? <input type="radio"/> Yes <input type="radio"/> No		

#### Financial Institution Information

Financial Institution Name:	
Depositor Account Number:	
Depositor Routing Number:	
Account Type:	<input type="radio"/> Checking <input type="radio"/> Savings

I authorize and request the Kentucky Retirement Systems to withdraw the balance due of my monthly health insurance premiums from my account at the financial institution designated above. **I have attached with this form a VOIDED personalized check for deduction from my checking account or a deposit slip for deduction from my savings account.** I understand that failure to sign this authorization and provide a voided check or deposit slip will cause a delay in setting up or changing account information.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### For your convenience:

The sample check below shows where to locate the required bank information to complete your bank draft authorization.

My Name		72-74/893	1152
My Address		9255254	
My City, State, & Zip		DATE	
		\$	
PAY TO THE ORDER OF		DOLLARS	
Bank Name			
Bank Address			
MEMO			
+ 001862862		925 525	1152
9 Digit Bank Routing Number	Your Account Number	Check Number	

## **Instructions for Completing Form 6131 Bank Draft Authorization for Direct Pay Accounts**

You must complete this Form 6131, Bank Draft Authorization for Direct Pay Accounts, to authorize the withdrawal of the balance of your monthly health insurance premium directly from your account at a financial institution. A new Form 6131 must be completed to change your account number or financial institution. The financial institution may be a bank, savings bank, savings and loan association, credit union, or similar institution that is a member of the Automated Clearing House (ACH).

This form is to be used ONLY to authorize debits from your account by Kentucky Retirement Systems for the balance of your health insurance premiums. This form does not authorize deposits to your account at a financial institution.

The payment will be deducted from your account at your financial institution on the 14th calendar day of the month, unless the day is a weekend or holiday, then the payment will be deducted from your account on the last business day prior to the 14th.

Please provide the necessary information about the financial institution. You must sign and date the authorization form. You must attach a VOIDED personalized check or deposit slip from the account you are authorizing withdrawal. Your failure to sign and date the bank draft authorization form and provide a VOIDED personalized check or deposit slip will cause a delay in setting up or changing account information. If you are changing financial institutions or your account number, then the completed form and VOIDED personalized check or deposit slip must be received at Kentucky Retirement Systems before the 20th of the month prior to the month you want the change to become effective. Once the automatic bank draft has been processed by the Kentucky Retirement Systems, the bank draft may be cancelled for any of the following reasons:

1. A new bank draft authorization form is submitted and processed at KRS. This new Form 6131 will supersede your previous bank draft authorization.
2. A written notice of cancellation by you is received and processed at KRS. You should notify your financial institution if you decide to cancel this agreement.
3. The financial institution no longer accepts automatic bank draft withdrawals. If your financial institution no longer accepts automatic bank draft withdrawals, you must notify KRS in writing.
4. KRS discontinues the bank draft program with your financial institution. In this case, KRS will notify you of the cancellation in advance.
5. Your monthly benefit covers the cost of your health insurance premium and you no longer remain in direct pay status for health insurance premiums.
6. Notice of your death is received at KRS.

You may reach the Kentucky Retirement Systems at (800) 928-4646 or (502) 696-8800 if you have any questions. Written inquiries can be addressed to Kentucky Retirement Systems, 1260 Louisville Road, Frankfort, Kentucky 40601. For general information or to obtain additional forms, visit the retirement system website: [www.kyret.com](http://www.kyret.com)



## KENTUCKY EMPLOYEES' HEALTH PLAN LEGAL NOTICES

As a member of the Kentucky Employees' Health Plan (KEHP), you have certain legal rights. Several of those rights are summarized below. Please read these provisions carefully. To find out more information, you may contact the Department of Employee Insurance, Member Services Branch at (888) 581-8834 or (502) 564-6534 or visit [kehp.ky.gov](http://kehp.ky.gov).

### A. NOTICE ABOUT SPECIAL ENROLLMENT RIGHTS

Under the Health Insurance Portability and Accountability Act (HIPAA), you have "special enrollment" rights if you have a loss of other coverage or you gain a new dependent. In addition, you may qualify for a special enrollment in KEHP under the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA).

#### 1. HIPAA Special Enrollment Provision - Loss of Other Coverage.

If you decline enrollment for yourself or your eligible dependent(s) (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 35 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

#### 2. HIPAA Special Enrollment Provision - New Dependent as a Result of Marriage, Birth, Adoption, or Placement for Adoption.

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependent(s). However, you must request enrollment within 35 days after the marriage and within 60 days after birth, adoption, or placement for adoption.

#### 3. CHIPRA Special Enrollment Provision - Premium Assistance Eligibility.

If you or your children are eligible for Medicaid or the Children's Health Insurance Program (CHIP) and you're eligible for health coverage from your employer, Kentucky may have a premium assistance program that can help pay for coverage, using funds from the state's Medicaid or CHIP programs. If you or your dependent(s) are eligible for premium assistance under Medicaid or CHIP, as well as eligible for health insurance coverage through KEHP, your employer must allow you to enroll in KEHP if you aren't already enrolled. This is called a "special enrollment" opportunity, and you **must request coverage within 60 days of being determined eligible for premium assistance**. In addition, you may enroll in KEHP if you or your dependent's Medicaid or CHIP coverage is terminated as a result of loss of eligibility. An employee must request this special enrollment within 60 days of the loss of coverage. More information and the required CHIP Notice may be found at [kehp.ky.gov](http://kehp.ky.gov).

### B. WELLNESS PROGRAM DISCLOSURE

KEHP offers a variety of wellness opportunities and rewards through its LivingWell wellness program. In particular, KEHP offers discounted monthly employee premium contribution rates to non-tobacco users. Each KEHP member has at least one opportunity per plan year to qualify for the monthly premium contribution discount. KEHP is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact the Department of Employee Insurance at (888) 581-8834 or (502) 564-6534 and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status. KEHP does not collect or retain personal health or medical information through its wellness program; however, KEHP may receive aggregate information that does not identify any individual in order to design and offer health programs aimed at improving the health of KEHP members.

### C. THE CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT OF 1986 (COBRA)

COBRA continuation coverage is a continuation of KEHP coverage when it would otherwise end because of a life event. This is also called a "qualifying event." After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." Qualified beneficiaries may elect to continue their coverage under the plan for a prescribed period of time on a self-pay basis. **Each qualified beneficiary has 60 days to choose whether or not to elect COBRA coverage, beginning from the later of the date the election notice is provided, or the date on which the qualified beneficiary would otherwise lose coverage under KEHP due to a qualifying event.** The KEHP's third-party COBRA administrator is WageWorks. To learn more about COBRA and your rights under COBRA, please refer to your Summary Plan Description or go to [kehp.ky.gov](http://kehp.ky.gov).

### D. THE WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 (WHCRA)

Your plan, as required by WHCRA, provides benefits for mastectomy-related services including all states of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema. For more information regarding this coverage, please refer to your Summary Plan Description or go to [kehp.ky.gov](http://kehp.ky.gov).

### E. NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT OF 1996 (NEWBORNS' ACT)

Group health plans generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 (or 96, as applicable) hours. In any case, plans may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 (or 96) hours.

### F. HIPAA PRIVACY NOTICE

KEHP gathers and collects demographic information about its members such as name, address, and social security numbers. This information is referred to as individually identifiable health information and is protected by HIPAA and related regulations regarding the privacy and security of such information. HIPAA requires KEHP to maintain the privacy of your protected health information (PHI) and notify you following a breach of unsecured PHI. In addition, KEHP is required to provide to its members a copy of its Notice of Privacy Practices (NPP) outlining how KEHP may use and disclose your PHI to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law. The NPP also informs members about their rights regarding their PHI and how to file a complaint if a member believes their rights have been violated. KEHP's Notice of Privacy Practices and associated forms may be obtained by visiting [kehp.ky.gov](http://kehp.ky.gov).

### G. PLAN YEAR 2016 KEHP PRESCRIPTION DRUG COVERAGE AND MEDICARE-NOTICE OF CREDITABLE COVERAGE

KEHP has determined that KEHP's prescription drug coverage is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### H. NOTICE OF AVAILABILITY OF SUMMARY OF BENEFITS AND COVERAGE (SBC)

As an employee or retiree, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury. KEHP offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, KEHP makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about your health coverage options in a standard format, to help you compare across options. The SBCs are only a summary. You should consult KEHP's Summary Plan Descriptions and/or Medical Benefit Booklet to determine the governing contractual provisions of the coverage. KEHP's SBCs are available on KEHP's website at [kehp.ky.gov](http://kehp.ky.gov). A paper copy is also available, free of charge, by contacting the Department of Employee Insurance, Member Services Branch at (888) 581-8834 or (502) 564-6534.

### I. WAIVER HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

If an employer participates in the Waiver Health Reimbursement Arrangement (HRA) program through KEHP, an employee may elect to waive KEHP health insurance coverage, with or without a Waiver HRA. There are two options under the HRA: Waiver General Purpose HRA and the Waiver Dental/Vision ONLY HRA. An employee is eligible for the Waiver General Purpose HRA only if the employee has other group health plan coverage. An employee that elects a Waiver General Purpose HRA must attest that the employee is enrolled in another group health plan that provides minimum value. A "group health plan" refers to coverage provided by an employer, an employer organization, or a union. A "group health plan" does not include individual policies purchased through Kynect or governmental plans such as TRICARE, Medicare, or Medicaid. A group health plan that provides "minimum value" means the plan pays at least 60% of the total allowed cost of covered benefits/services and participants or members in the plan are required to pay no more than 40% of the total allowed cost of covered benefits/services. An employee that elects a Waiver General Purpose HRA and that ceases to be covered under another group health plan that provides minimum value is required to notify KEHP within 35 days of the date that the other group health plan coverage ceased. In this event, coverage under the Waiver General Purpose HRA will be terminated and the employee may elect a KEHP health insurance plan option or the Waiver Dental/Vision Only HRA. Each employee is permitted to permanently opt out of and waive future reimbursements from the Waiver General Purpose HRA at least annually during open enrollment.

# On the Road to a Healthier Kentucky

## Significant Progress Made First Year of Governor Beshear's kyhealthnow Initiative

In February 2014, Gov. Steve Beshear launched the kyhealthnow initiative, which established seven major health improvement goals for Kentucky. The program is designed to build on Kentucky's successful implementation of the Affordable Care Act, which paved the way for the state-based health benefit exchange – kynect – and expansion of the Medicaid program.

The kyhealthnow advisory group, chaired by Lt. Gov. Crit Luallen, includes individuals from various areas of state government tasked with the development of innovative strategies for addressing the state's health woes, while challenging local governments, businesses, schools, nonprofits, and individuals to take meaningful steps toward improving health in their communities.

kyhealthnow targets seven major health goals to be met by 2019, focusing on increasing health insurance coverage; reducing the smoking rate and tobacco use; lowering the prevalence of obesity; lowering cancer deaths; reducing cardiovascular disease; treating and reducing dental decay; and reducing drug overdoses and mental health issues in Kentucky.

In the first year of the kyhealthnow initiative, more Kentuckians have health insurance, are covered by a smoke-free policy, can access physical activity resources, seek care for heart disease and cancer prevention, and get dental services, according to the program's inaugural annual report. In fact, the 2015 preliminary annual report cites measurable improvements in six of the seven major goals outlined below.

### kyhealthnow 2019 goals

- Reduce Kentucky's rate of uninsured individuals to less than 5 percent.
- Reduce Kentucky's smoking rate by 10 percent.
- Reduce the rate of obesity among Kentuckians by 10 percent.
- Reduce Kentucky cancer deaths by 10 percent.
- Reduce cardiovascular deaths by 10 percent.
- Reduce the percentage of children with untreated dental decay by 25 percent and increase adult dental visits by 10 percent.
- Reduce deaths from drug overdose by 25 percent and reduce by 25 percent the average number of poor mental health days of Kentuckians.



*Living Well*.ky.gov

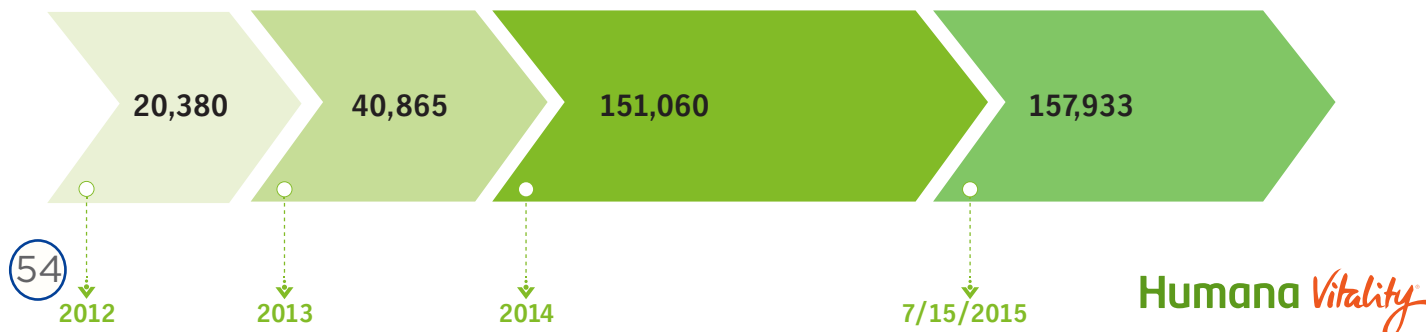
To learn more about kyhealthnow visit [kyhealthnow.ky.gov](http://kyhealthnow.ky.gov)

## HumanaVitality helps KEHP members become healthier

KEHP launched HumanaVitality in 2012. The rewards based incentive program has provided KEHP members with the opportunity to be healthier. Since 2012, KEHP members have substantially increased their participation in HumanaVitality, with more health assessments and VitalityChecks. Members have also become more engaged with their overall well-being by moving a step forward in their health status with an increase in Vitality Silver Status to 21,536 members, as well as using more health tracking devices, up to 15,244 members.

Congratulations KEHP members as you are making strides to improve your overall health!

### Health Assessment and Vitality Check Growth





## **Kentucky Retirement Systems**

Perimeter Park West, 1260 Louisville Road

Frankfort, Kentucky 40601

1-800-928-4646 • <http://kyret.ky.gov>



### **Legal Notice**

If you have any questions about the material printed in this publication please contact Kentucky Retirement Systems at 1-800-928-4646. This publication is intended merely as a general information reference for members of KRS. If you have any specific questions about the subjects covered by this publication, you should contact the retirement office. This publication is not intended as a substitute for applicable Federal or state law, nor will its interpretation prevail should a conflict arise between its contents and applicable Federal or state law. Before making decisions about your retirement, you should contact Kentucky Retirement Systems.

# Open Enrollment Webinars

The Open Enrollment period for retirees and beneficiaries who are not on Medicare is October 1, 2015. See page 6 to determine if you are required to complete an application for Plan Year 2016.

This webinar will introduce the 2016 plan options and go over necessary steps to enroll in a plan. Participants can follow along with the presentation and use web chat to ask general questions.

**Please Note:** *These webinars are for KRS retirees and beneficiaries who are not eligible for Medicare.*



## Dates and Times:

October 8, 2015

@ 10:00 am

October 19, 2015

@ 10:00 am

Please visit our website at <https://kyret.ky.gov>, click on **Insurance** then **Open Enrollment 2016** to view the complete webinar schedule and register for a session.